

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

1A-2. Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Suncoast Partnership to End Homelessness, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

| | | |
|--------------|--|--|
| 1B-1. | Inclusive Structure and Participation–Participation in Coordinated Entry. | |
| | NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p. | |
| | In the chart below for the period from May 1, 2022 to April 30, 2023: | |
| | 1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or | |
| | 2. select Nonexistent if the organization does not exist in your CoC’s geographic area: | |

| | Organization/Person | Participated in CoC Meetings | Voted, Including Electing CoC Board Members | Participated in CoC’s Coordinated Entry System |
|-----|---|------------------------------|---|--|
| 1. | Affordable Housing Developer(s) | Yes | Yes | Yes |
| 2. | CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | Yes |
| 3. | Disability Advocates | Yes | Yes | Yes |
| 4. | Disability Service Organizations | Yes | Yes | Yes |
| 5. | EMS/Crisis Response Team(s) | Yes | Yes | Yes |
| 6. | Homeless or Formerly Homeless Persons | Yes | Yes | Yes |
| 7. | Hospital(s) | Yes | Yes | No |
| 8. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | Nonexistent | No | No |
| 9. | Law Enforcement | Yes | Yes | Yes |
| 10. | Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates | Yes | Yes | Yes |
| 11. | LGBTQ+ Service Organizations | Yes | Yes | No |
| 12. | Local Government Staff/Officials | Yes | Yes | Yes |
| 13. | Local Jail(s) | No | No | Yes |
| 14. | Mental Health Service Organizations | Yes | Yes | Yes |
| 15. | Mental Illness Advocates | Yes | Yes | Yes |

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|-----|---|-------------|-----|-----|
| 16. | Organizations led by and serving Black, Brown, Indigenous and other People of Color | Yes | Yes | No |
| 17. | Organizations led by and serving LGBTQ+ persons | Yes | Yes | Yes |
| 18. | Organizations led by and serving people with disabilities | Yes | Yes | Yes |
| 19. | Other homeless subpopulation advocates | Yes | Yes | Yes |
| 20. | Public Housing Authorities | Yes | Yes | Yes |
| 21. | School Administrators/Homeless Liaisons | Yes | Yes | Yes |
| 22. | Street Outreach Team(s) | Yes | Yes | Yes |
| 23. | Substance Abuse Advocates | Yes | Yes | Yes |
| 24. | Substance Abuse Service Organizations | Yes | Yes | Yes |
| 25. | Agencies Serving Survivors of Human Trafficking | Yes | Yes | Yes |
| 26. | Victim Service Providers | Yes | Yes | Yes |
| 27. | Domestic Violence Advocates | Yes | Yes | Yes |
| 28. | Other Victim Service Organizations | Nonexistent | No | No |
| 29. | State Domestic Violence Coalition | No | No | No |
| 30. | State Sexual Assault Coalition | Nonexistent | No | No |
| 31. | Youth Advocates | Yes | Yes | Yes |
| 32. | Youth Homeless Organizations | Yes | Yes | No |
| 33. | Youth Service Providers | Yes | Yes | Yes |
| | Other: (limit 50 characters) | | | |
| 34. | | | | |
| 35. | | | | |

By selecting "other" you must identify what "other" is.

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| 1B-2. | Open Invitation for New Members. | |
| | NOFO Section V.B.1.a.(2) | |
| | Describe in the field below how your CoC: | |
| 1. | communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC; | |
| 2. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and | |
| 3. | invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities). | |

(limit 2,500 characters)

Collaborative Applicant staff members attend an array of community meetings throughout the CoC geographic region to inform and solicit new members to the Continuum of Care. The CA team keeps a finger on the pulse of the community, looking for opportunities to join meetings and initiatives where the door opens for connection with groups/agencies that allows for greater equity and to fill gaps in our current system. The President/CEO of the Manasota Black Chamber of Commerce, who serves on our executive committee of the CoC Leadership Council, has been instrumental in bringing forth opportunities. The annual process occurs with a mass email blast sent to local non-profit organizations, municipalities, and other related agencies as a call for membership and informing them of the benefits of CoC membership. Additionally, information on becoming a new member of the CoC is available year-round on the Collaborative Applicant’s website. Throughout the year, the executive team (CEO, CAO) meet with interested parties upon request, or when identified, to discuss the role of potential new members and where they fit in the homeless and housing assistance system. Community participation is also heightened and encouraged through the wide variety of CoC meetings now being offered virtually; with participants able to join via Zoom or Team, more stakeholders are coming to the table. 2.To ensure effective communication with those individuals with disabilities, the Collaborative Applicant provides electronic versions of agendas and minutes posted publicly on our website. We use pdf and word accessibility features to improve documents. Requests for accommodations are welcomed and satisfied fully; with most of our meetings now being held virtually we can offer transcription and we've removed some mobility challenges within our area. Meetings are recorded and available. 3.The CoC has designated seats on the Leadership Council (i.e., CoC Governing Board) for persons representing the LGBTQ+ community, persons living with disabilities, and seniors. Connections through the Leadership Council and general CoC membership are utilized at other stakeholder group meetings to assist in ensuring we have an inclusive and diversified representation among CoC members and leaders, including the community’s black and Latino populations.

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| 1B-3. | CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. | |
| | NOFO Section V.B.1.a.(3) | |

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| Describe in the field below how your CoC: | |
| 1. | solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness; |
| 2. | communicated information during public meetings or other forums your CoC uses to solicit public information; |
| 3. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and |
| 4. | took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness. |

(limit 2,500 characters)

1. and 2. Collaborative applicant has, as part of its mission, a commitment to solicit and consider opinions from both organizations and individuals that have knowledge of homelessness and/or an interest in preventing and ending homelessness. Staff members attend a wide variety of community meetings throughout the year to learn what others in the community think are the gaps in knowledge and/or services needed to effectively prevent and end homelessness. The Sarasota Community Alliance and Behavioral Health Stakeholders Consortium are just 2 examples of other community meetings where the CA has a standing agenda item on their agendas to provide information, solicit feedback, and coordinate. The CEO of Suncoast submits to be on other community meeting/workshop agendas wherever possible and applicable, such as the Board of County Commission meetings. When we are releasing documents, such as the strategic plan, for public input, we utilize opportunities at all of our meetings/workshops to announce that it will be posted and request feedback, announce at least 2 weeks past posting that it is there and available for comment, and we send email blasts with the announcement. We solicit feedback through polls and surveys at meetings, and through eblasts, including an annual survey. With all solicitations, email addresses are provided for communication or links to electronic forms. Contact information is readily available through the CA’s website and staff email signature for access. 3. CA provides electronic versions of agendas and minutes posted publicly on our website. We use pdf and word accessibility features to improve documents. Requests for accommodations are welcomed and satisfied fully; with most of our meetings now being held virtually we can offer transcription. Meetings are recorded and available. We travel within our CoC to meet people where they are whenever necessary. 4. CA incorporates considers all feedback dependent on the meeting, process, and subject. An example of this would be the launch of the Suncoast Housing Collaborative initiative. As subject matter experts and with our experience with providers and people within the system, dialogue at case conferencing, CoC, and Leadership meetings, and continual community feedback outside our CoC members regarding the immense struggles finding safe and affordable housing, CA worked with private funders to secure funds to launch a housing initiative to reduce barriers to housing.

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| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | NOFO Section V.B.1.a.(4) | |
| | Describe in the field below how your CoC notified the public: | |
| 1. | that your CoC will consider project applications from organizations that have not previously received CoC Program funding; | |
| 2. | about how project applicants must submit their project applications—the process; | |
| 3. | about how your CoC would determine which project applications it would submit to HUD for funding; and | |
| 4. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats. | |

(limit 2,500 characters)

1.The Collaborative Applicant issued a Request for Proposals (RFP) in early August, posting the information publicly on the CA website, announcing the opportunity at meetings, and emailing the information to over 600 individual email subscribers, most of whom were from organizations that had not received CoC funding previously.

2.Proposals were submitted outside of e-snaps through an electronic submission portal to make the process more accessible to organizations that had not previously received CoC program funding. An information session was held via Teams, providing an opportunity for new organizations to become acquainted with the process and have questions answered. The link to the application portal was posted on the CA website.

The publicly posted RFP detailed all the necessary information for an organization to submit a proposal. The RFP included information on project thresholds, timeline for submissions, submission format, funding amounts available, attachments required, to whom to submit the application, process for asking questions, scoring criteria, and the process for appeal, and more.

3.The posted RFP included information about types and levels of funding available per the HUD ARD Report and local CoC priorities, necessary threshold criteria, housing first criteria, the types of projects that were available (e.g., DV-specific projects, new and renewal projects, PSH/RRH, and so on), the role of the Rank and Review Committee (RRC) and scoring criteria with points for each scored component. The RFP also stated that the RRC meeting would be open so that any applicant could attend the meeting at which scoring decisions were finalized.

4.All information was made available on the website in electronic format. There was also an informational session held via Teams that provided for audio communications, and emails were sent to the mailing list. It was noted that information could be offered in audio and visual formats to meet the needs of individuals with disabilities, and that requests for accommodations could be made as needed.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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| | | |
|-------|---|--|
| 1C-1. | Coordination with Federal, State, Local, Private, and Other Organizations. | |
| | NOFO Section V.B.1.b. | |
| | In the chart below: | |
| | 1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or | |
| | 2. select Nonexistent if the organization does not exist within your CoC's geographic area. | |

| | Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects | Coordinates with the Planning or Operations of Projects? |
|-----|---|--|
| 1. | Funding Collaboratives | Yes |
| 2. | Head Start Program | Yes |
| 3. | Housing and services programs funded through Local Government | Yes |
| 4. | Housing and services programs funded through other Federal Resources (non-CoC) | Yes |
| 5. | Housing and services programs funded through private entities, including Foundations | Yes |
| 6. | Housing and services programs funded through State Government | Yes |
| 7. | Housing and services programs funded through U.S. Department of Health and Human Services (HHS) | Yes |
| 8. | Housing and services programs funded through U.S. Department of Justice (DOJ) | Yes |
| 9. | Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| 10. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | Nonexistent |
| 11. | Organizations led by and serving Black, Brown, Indigenous and other People of Color | Yes |
| 12. | Organizations led by and serving LGBTQ+ persons | Yes |
| 13. | Organizations led by and serving people with disabilities | Yes |
| 14. | Private Foundations | Yes |
| 15. | Public Housing Authorities | Yes |
| 16. | Runaway and Homeless Youth (RHY) | Yes |
| 17. | Temporary Assistance for Needy Families (TANF) | Yes |
| | Other:(limit 50 characters) | |

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| 18. | | |
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| 1C-2. | CoC Consultation with ESG Program Recipients. | |
| | NOFO Section V.B.1.b. | |

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| Describe in the field below how your CoC: | |
| 1. | consulted with ESG Program recipients in planning and allocating ESG Program funds; |
| 2. | participated in evaluating and reporting performance of ESG Program recipients and subrecipients; |
| 3. | provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and |
| 4. | provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update. |

(limit 2,500 characters)

1. On behalf of the CoC, the Collaborative Applicant is the sole subrecipient of jurisdictional ESG funding from both Sarasota and Manatee County (10/1/23 start). Additionally, we were awarded State of Florida ESG funds through their competitive process in FY 2019 that has renewed annually. As such, we are in close communication with all ESG program recipients in the planning and allocating of funds. Through the application and contracting process with both the Counties, and as a recipient of State funds, there is thorough collaboration and consideration for use of funds for established community outcomes.

2. ESG program funds are monitored on a monthly basis by the Collaborative Applicant, including verification of allowable expenditures and analysis of performance reports. These monthly performance reports include the project's current performance on length of time homeless, increases in income, number of days between project entry and exits to permanent housing, and housing retention. When monitoring raises concerns, the Collaborative Applicant provides additional project-specific training regarding best practices to improve performance and/or administration. ESG recipients are notified in such instances. System performance reports are presented to the Leadership Council (i.e., CoC Governing Board) quarterly and updated on the Collaborative Applicant's website dashboard. Reports on ESG project performance are available to ESG recipients upon request at any time.

3. The Collaborative Applicant provides PIT and HIC data to both counties in our CoC's geographic area, and representatives of those counties' commissions hold seats on the CoC Leadership Council. PIT and HIC data are also provided to the State of Florida Office on Homelessness, which administers the State ESG funding. PIT data from 2016 forward is also hosted on the Collaborative Applicant's website.

4. The CoC Collaborative Applicant provides information, data, and reports to local jurisdictions as input to updates to their Consolidated Plans. Sarasota County provides us with draft narratives for input and we submitted feedback via their public process. For Manatee County this year, we worked with their consultant and County staff to provide feedback and revisions as applicable.

| | | |
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| 1C-3. | Ensuring Families are not Separated. | |
| | NOFO Section V.B.1.c. | |

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

| | | |
|----|---|-----|
| 1. | Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated. | No |
| 2. | Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated. | No |
| 3. | Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. | Yes |
| 4. | Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance. | Yes |
| 5. | Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers. | No |

| | | |
|-------|---|--|
| 1C-4. | CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. | |
| | NOFO Section V.B.1.d. | |

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

| | | |
|----|------------------------------|-----|
| 1. | Youth Education Provider | Yes |
| 2. | State Education Agency (SEA) | Yes |
| 3. | Local Education Agency (LEA) | Yes |
| 4. | School Districts | Yes |

| | | |
|--------|---|--|
| 1C-4a. | Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts. | |
| | NOFO Section V.B.1.d. | |

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC Leadership Council (i.e., CoC Governing Board) includes seats designated for the two LEAs within the CoC's geographic area. These two seats on the Leadership Council act as a formal partnership between the School Boards and the CoC. These seats are voted on by the general CoC members and those applying must complete an application, agreeing to uphold the values and standards of the CoC's Written Standards. The two LEAs' McKinney-Vento homeless school liaison programs are the Manatee County Schools' Project Heart and the Sarasota County Schools' Schoolhouse Link. Both programs collaborate very closely with the CoC, the Collaborative Applicant, and provider agencies that serve families with children in the home and/or unaccompanied homeless youth.

The Collaborative Applicant participates in a bi-monthly community alliance meeting that include representation from both school boards as well as the Early Learning Coalition. The Early Learning Coalition administers vouchers for child care, Pre-K, and after school care, and offers immediate access for homeless children referred by an authorized CoC partner. The two LEAs in the CoC geographic area participate in CoC meetings and planning events. Each program comprises a team of 3-5 homeless liaisons who provide direct services to homeless families with minor children in the home, as well as unaccompanied homeless youth. Staff from these programs participate in bi-weekly CoC family and youth case conferencing. The liaisons refer households to the CoC and the CoC refers households to the liaisons, working to ensure warm hand-offs and consistent collaborative services.

| | | |
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| 1C-4b. | Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. | |
| NOFO Section V.B.1.d. | | |

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's written standards reinforce the critical importance of providing supportive educational services to school-aged children to minimize the trauma of homelessness and ensure uninterrupted education. All CoC provider organizations working with families with school aged children or unaccompanied youth ensure that a direct referral is made to the designated homeless school liaison team. Designated school liaison teams are responsible determining eligibility for educational supports and services. They are also responsible for ensuring individuals and families are aware of all available services and understand their rights to those services. Close coordination of services between the CoC and homeless school liaison agencies is required and ongoing. The local family providers display posters in their facilities regarding the right to educational supports. In addition, during the diversion screening process, the intake worker informs families with children about their rights to educational services. Referrals are also made at that time for early learning opportunities, such as day care and Pre-K.

To inform individuals and families who become homeless of their eligibility for educational services, information is posted on the Collaborative Applicant's website to connect families to schoolhouseconnection.org and accreditedschoolsonline.org. Additionally, the YOUth Center, a local youth drop-in center, provides information and opportunities for unaccompanied homeless youth to receive ongoing educational services and employment resources. Services such as GED preparation, resume building, counseling, and workshops covering a variety of educational topics.

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| 1C-4c. | Written/Formal Agreements or Partnerships with Early Childhood Services Providers. | |
| | NOFO Section V.B.1.d. | |

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

| | | MOU/MOA | Other Formal Agreement |
|-----|--|---------|------------------------|
| 1. | Birth to 3 years | No | No |
| 2. | Child Care and Development Fund | No | No |
| 3. | Early Childhood Providers | Yes | No |
| 4. | Early Head Start | No | No |
| 5. | Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) | No | No |
| 6. | Head Start | No | No |
| 7. | Healthy Start | No | Yes |
| 8. | Public Pre-K | Yes | No |
| 9. | Tribal Home Visiting Program | No | No |
| | Other (limit 150 characters) | | |
| 10. | | | |

| | |
|-------|---|
| 1C-5. | Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers. |
| | NOFO Section V.B.1.e. |

In the chart below select yes or no for the organizations your CoC collaborates with:

| | Organizations | |
|----|---|-----|
| 1. | state domestic violence coalitions | Yes |
| 2. | state sexual assault coalitions | Yes |
| 3. | other organizations that help this population | Yes |

| | |
|--------|---|
| 1C-5a. | Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. |
| | NOFO Section V.B.1.e. |

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

| | |
|----|--|
| 1. | update CoC-wide policies; and |
| 2. | ensure all housing and services provided in the CoC’s geographic area are trauma-informed and can meet the needs of survivors. |

(limit 2,500 characters)

1.The CoC regularly collaborates with the local providers of housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking in our two-county CoC, which are (1) HOPE Family Services in Manatee County and (2) Safe Place and Rape Crisis Center (SPARCC) in Sarasota County. Those providers are involved actively in the CoC, participate in CoC meetings, and have a representative on the CoC Leadership Council (the CoC Governing Board). Through regular and consistent CoC engagement and service on the CoC Board, the victim services providers assist in updating CoC-wide policies, including, but not limited to, policies and procedures to implement place safety protocols, trauma-informed care, emergency transfers and more. In addition, there is an MOU between the CoC, DV providers, and the PHA to ensure that survivors of domestic violence are able to access Emergency Housing Vouchers when needed.

2.HOPE and SPARCC assist in ensuring that all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors through regular training, participation in CoC meetings, Coordinated Entry (CE), service on the Leadership Council, and day to day interactions with other services and housing providers, as well as interaction with the CoC Collaborative Applicant, which is also the HMIS and CE Lead. Last year, a local foundation invested in a project to ensure that the homeless assistance system is thoroughly trauma-informed at every step for every household and this remains an ongoing initiative.

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| 1C-5b. | Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |

Describe in the field below how your CoC coordinates to provide training for:

| | |
|----|---|
| 1. | project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and |
| 2. | Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually). |

(limit 2,500 characters)

1. Victim services organizations within the CoC offer training multiple times a year to enhance trauma-informed care and victim-centered services in projects. The staff in victim services organizations are required to complete 16 hours of continuing education annually and participate in an annual emergency management training. The CoC also held a CoC-wide training on trauma-informed care which is now part of a core training curriculum. As one example of a practice in training, project staff are trained to ensure that housing identification in rapid rehousing is centered on survivor choice and safety. Another example is that project staff are trained to appropriately separate members of a couple to inquire safely about one of the partners' possible abuse or exploitation. Similarly, both immediate and long-term safety planning is a component of training.

2. Coordinated Entry (CE) staff are required to complete a pre-recorded trauma informed case management training by the Florida Housing Coalition, which is offered throughout the year as an on-demand pre-recorded training format. CE staff are offered mental health first aid training as well. Safety planning is part of Coordinated Entry policies and procedures that staffers are trained upon during their orientation. Coordinated Entry access staff are trained to connect immediately to the local state certified domestic violence service providers and local organizations specializing in human trafficking for support when appropriate and, if desired by the individual, with law enforcement. This past year the CA invested in an online learning management system with a goal of adding to the OnDemand training curriculum for both project and coordinated entry staff in the areas of safety planning, victim's rights, and other VAWA related updates.

| | | |
|--------|--|--|
| 1C-5c. | Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |

Describe in the field below how your CoC's coordinated entry includes:

| | |
|----|--------------------------------|
| 1. | safety planning protocols; and |
| 2. | confidentiality protocols. |

(limit 2,500 characters)

Victims and survivors often self-identify when seeking services from non-dv providers who have path to housing. To prioritize safety for each client, victims have the right to maintain anonymity within the HMIS system without impacting available services. All clients coming through coordinated entry who either identify as a victim or survivor or make indications that lead the intake person to believe there could be a concern, are connected with our local domestic violence service providers and/or our local open doors network agency focused on human trafficking. When the situation is warranted, law enforcement connections are also made. These connections are all completed with “warm hand-offs” to be sure the person has safely made it to next step in the safety plan.

| | | |
|------------------------------|--|--|
| 1C-5d. | Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| NOFO Section V.B.1.e. | | |
| Describe in the field below: | | |
| 1. | the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and | |
| 2. | how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness. | |

(limit 2,500 characters)

- 1.Centerstone, the rape crisis organization in Manatee County, uses the Avatar system. Hope Family Services and SPARCC, the domestic violence providers in Manatee and Sarasota Counties, utilize Osnum.
- 2.The CoC uses the de-identified aggregate data from victim services organizations to incorporate that data into the annual PIT and HIC reports.

| | | |
|--|---|--|
| 1C-5e. | Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| NOFO Section V.B.1.e. | | |
| Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance: | | |
| 1. | whether your CoC has policies and procedures that include an emergency transfer plan; | |
| 2. | the process for individuals and families to request an emergency transfer; and | |
| 3. | the process your CoC uses to respond to individuals' and families' emergency transfer requests. | |

(limit 2,500 characters)

1. Emergency transfer plan policies and procedures are embedded throughout the system. Program and intake procedures at victim services provider agencies, as well as all CoC-funded and ESG-funded providers, include emergency transfer plan policies and procedures. In addition, the PHA administers EHVs, HCVs, and Mainstream Vouchers, and their intake packet and orientation includes information on emergency transfer plans. These policies and procedures apply to all households regardless of known survivor status and thus all households are informed of the policies and procedures, including the process for requesting an emergency transfer.

2. As part of intake and orientation, households are provided information on the process to request an emergency transfer. Typically, a request for emergency transfer is made through the household's assigned case manager but the household may contact any staffer with the provider agency to request a transfer. 3. The CoC follows all policies and procedures implemented by victim services provider agencies, as well as all CoC-funded and ESG-funded providers to respond to emergency transfer requests. As such, with a documented and verified incident and eligibility established, the service provider looks to resolve the transfer within their housing program or agency and along with our local victim service provider agencies. If there are any challenges, for example, unable to locate suitable housing and inability to fully cover move-in costs on a new unit, the provider agency connects back to the CE manager at the lead agency for assistance to resolve. Some ways the CE system and/or Suncoast Partnership (lead agency/CA) may assist in resolving include assisting with locating suitable housing through our housing collaborative or in case conference meetings and processing move-in assistance through our flexible fund pool.

| | | |
|--------|--|--|
| 1C-5f. | Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking. | |
| | NOFO Section V.B.1.e. | |
| | Describe in the field below how your CoC: | |
| 1. | ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and | |
| 2. | proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. | |

(limit 2,500 characters)

1. The domestic violence services and housing providers in the CoC, HOPE and SPARCC, ensure that survivors of domestic violence, dating violence, sexual assault, or stalking are included in the By Name List process and therefore are considered for all housing and services available in the CoC.

2. Through collaborations with domestic violence services and housing providers, the CoC identifies and works to remove barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault and/stalking. One way this happens is through the coordination within the CoC coordinated entry process with direct contact with CE staff or through discussions and troubleshooting at case conferencing. Internally, the CA, who is the CE lead, debriefs at weekly staff meetings to proactively identify systematic challenges. Another way this happens is through the DV seat at the Leadership Council which provides an open opportunity to address systematic and community challenges.

| | | |
|--------|--|--|
| 1C-5g. | Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs. | |
|--------|--|--|

| |
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| NOFO Section V.B.1.e. |
|-----------------------|

| |
|---|
| Describe in the field below how your CoC: |
|---|

| | |
|----|---|
| 1. | ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and |
|----|---|

| | |
|----|--|
| 2. | accounted for the unique and complex needs of survivors. |
|----|--|

(limit 2,500 characters)

The CoC provider agencies cultivate an environment where the voices of survivors with lived experiences of homelessness are elevated and centered from the moment of service inquiry through intake and exit. The partners fully embrace involving survivors in the design/evaluation/operation of services. Clients will be asked to provide staff with feedback on ideas to improve services through confidential surveys, staff-facilitated meetings, counseling sessions and/or by scheduling an appointment with the program manager and/or Director. The CoC includes members from organizations who have lived experience and/or work with the targeted population. CCDOV, SPARCC and HOPE may have staff impacted (directly/indirectly) by intimate partner violence but recognize that maintaining a survivor's confidentiality is essential to their safety. The status of staff or committee member's trauma history is never disclosed unless self-identified. SPARCC and HOPE, our State certified DV providers, have a reputation for elevating victim/survivor voices, needs and challenges, while doing the system advocacy necessary to ensure change, offering an array of emergency services/supports to ensure safety and a successful healing journey. Staff across the CoC recognize, embrace the unique intersectional needs of those most marginalized and oppressed. Our formalized Leadership Council plan of a formal workgroup made up of people with lived expertise, including survivors, had been put on hold due to the pandemic response, Hurricane Ian, and subsequent capacity and economic challenges. This plan is expected to be implemented this coming year and includes compensation for people's time and expertise.

| | | |
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| 1C-6. | Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training. | |
| | NOFO Section V.B.1.f. | |

| | | |
|--|--|-----|
| | 1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination? | Yes |
| | 2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)? | No |
| | 3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)? | No |

| | | |
|--------|--|--|
| 1C-6a. | Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance. | |
| | NOFO Section V.B.1.f. | |

Describe in the field below:

| | |
|----|---|
| 1. | how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families; |
| 2. | how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy; |
| 3. | your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and |
| 4. | your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies. |

(limit 2,500 characters)

1. Our CoC Leadership Council has representation from those who serve the LGBTQ+ and those who identify as that population, including agency leaders. Their expertise informs all policy discussions occurring at the Leadership Council.
2. The CoC works closely with provider agencies to ensure that project-level anti-discrimination policies are consistent with CoC-wide policies. This is done through consultation and monitoring.
3. The CoC Collaborative Applicant monitors programs annually, including compliance with the CoC anti-discrimination policies. The agency's anti-discrimination policies are reviewed to ensure that they are consistent with the CoC's policies.
4. No incidents of noncompliance have been noted within the past year. If noncompliance was identified, the CoC would engage HUD technical assistance. The Collaborative Applicant would then meet with the leadership of the agency that was not in compliance to ensure that the appropriate measures were taken to come back into compliance.

| | | |
|-------|---|--|
| 1C-7. | Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. | |
| | NOFO Section V.B.1.g. | |

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

| Public Housing Agency Name | Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry | Does the PHA have a General or Limited Homeless Preference? | Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On? |
|----------------------------------|---|---|---|
| Sarasota Housing Authority | 93% | Yes-HCV | Yes |
| Manatee County Housing Authority | 93% | No | No |

| | | |
|--------|---|--|
| 1C-7a. | Written Policies on Homeless Admission Preferences with PHAs. | |
| | NOFO Section V.B.1.g. | |

Describe in the field below:

- steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. The Sarasota Housing Authority (SHA) is an active partner within the CoC as well as a member of the Leadership Council (i.e., CoC Governing Board). The Collaborative Applicant and SHA collaborated to provide 153 Mainstream vouchers for use within Coordinated Entry, to assist clients in moving on from PSH, and to provide permanent stability for those who were rapidly rehoused and stabilized but who, due to disabilities, will need lasting financial assistance to sustain that stability. SHA has a homeless preference indicated in their Administrative Plan and has allocated 60 Housing Choice Vouchers to the City's homeless outreach team. That team partners with the CoC to ensure those utilizing the vouchers are from the community by-name list. The Collaborative Applicant, the City and County's homeless outreach teams, and SHA staff meet to review and discuss the status of all clients who have been referred for a Mainstream or a homeless preference voucher. This ensures that each household is progressing in their application toward housing using a voucher. Through continued engagement and invitations to be included in the homeless crisis response system as it relates to homeless preference vouchers, the Manatee County Housing Authority serves on the Leadership Council and the conversations around a homeless preference there have remained ongoing. Manatee County Commissioners adopted a homeless system roadmap prepared by Florida Housing Coalition in March which includes a workgroup plan to address various components of the system. The Permanent Supportive Housing workgroup just began convening in August and identified the need for the housing authorities to be at the table for further discussions and planning. There is both a Manatee County and City of Bradenton official as part of that workgroup who agreed to partner with County staff to engage the housing authorities in that workgroup. Both Manatee and Sarasota Housing Authorities are working with the CoC in the Suncoast Housing Collaborative, a low-barrier landlord initiative.

2. Not applicable.

| | | |
|--------|---|--|
| 1C-7b. | Moving On Strategy with Affordable Housing Providers. | |
| | Not Scored—For Information Only | |

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

| | | |
|----|--|-----|
| 1. | Multifamily assisted housing owners | No |
| 2. | PHA | Yes |
| 3. | Low Income Housing Tax Credit (LIHTC) developments | Yes |
| 4. | Local low-income housing programs | Yes |
| | Other (limit 150 characters) | |
| 5. | | |

| | | |
|---------------|--|--|
| 1C-7c. | Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. | |
| | NOFO Section V.B.1.g. | |

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

| | | |
|-----------|--|-----|
| 1. | Emergency Housing Vouchers (EHV) | Yes |
| 2. | Family Unification Program (FUP) | Yes |
| 3. | Housing Choice Voucher (HCV) | No |
| 4. | HUD-Veterans Affairs Supportive Housing (HUD-VASH) | Yes |
| 5. | Mainstream Vouchers | Yes |
| 6. | Non-Elderly Disabled (NED) Vouchers | No |
| 7. | Public Housing | No |
| 8. | Other Units from PHAs: | |
| | There is a set number of HCV that are part of our coordinated entry. | Yes |

| | | |
|---------------|--|--|
| 1C-7d. | Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. | |
| | NOFO Section V.B.1.g. | |

| | | |
|-----------|--|----------------------------------|
| 1. | Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)? | Yes |
| | | Program Funding Source |
| 2. | Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement. | Mainstream and FYI most recently |

| | | |
|---------------|--|--|
| 1C-7e. | Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). | |
| | NOFO Section V.B.1.g. | |

| | | |
|--|---|-----|
| | Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan? | Yes |
|--|---|-----|

| | | |
|-----------------|---|--|
| 1C-7e.1. | List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. | |
| | Not Scored—For Information Only | |

| | | |
|--|---|-----|
| | Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program? | Yes |
|--|---|-----|

If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

| |
|----------------------|
| PHA |
| Sarasota Housing ... |

1C-7e.1. List of PHAs with MOUs

Name of PHA: Sarasota Housing Authority

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|-------|----------------------------------|--|
| 1D-1. | Discharge Planning Coordination. | |
| | NOFO Section V.B.1.h. | |

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

| | |
|----------------------------|-----|
| 1. Foster Care | Yes |
| 2. Health Care | Yes |
| 3. Mental Health Care | Yes |
| 4. Correctional Facilities | Yes |

| | | |
|-------|---|--|
| 1D-2. | Housing First—Lowering Barriers to Entry. | |
| | NOFO Section V.B.1.i. | |

| | | |
|----|--|------|
| 1. | Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition. | 8 |
| 2. | Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach. | 8 |
| 3. | This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 100% |

| | | |
|--------|--|--|
| 1D-2a. | Project Evaluation for Housing First Compliance. | |
| | NOFO Section V.B.1.i. | |

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

| | |
|----|---|
| | Describe in the field below: |
| 1. | how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach; |
| 2. | the list of factors and performance indicators your CoC uses during its evaluation; and |
| 3. | how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach. |

(limit 2,500 characters)

1. Project applicants are asked to provide a complete description of the project including factors consistent with the Housing First approach, as detailed below in #2. The Review and Rank Committee scores the projects on adherence to Housing First based on the project descriptions provided by the applicants.

2. The Housing First factors considered include: (1) Few to no programmatic prerequisites to permanent housing entry such as demonstration of sobriety, completion of treatment programs, requirements regarding household income, or agreeing to comply with treatment, (2) low barrier admission policies which are designed to “screen in” rather than screen-out participants with the greatest barriers to housing such as having no or very low income, poor rental history, or criminal histories, (3) supportive services are voluntary but should be attractive to the participant and used to persistently engage participants to ensure housing stability, (4) services are proactively offered to help achieve and maintain housing stability but are not a condition of tenancy, (5) harm reduction and motivational interviewing techniques are utilized, and (6) practices, policies, and strategies are in place to prevent lease violations and evictions.

3. Collaborative Applicant staff conduct annual monitoring of CoC-funded projects to ensure providers are actually using a Housing First approach, as well as performance and use of other best practices. This evaluation includes review of case notes, policies and procedures, program descriptions and rules provided to participants, and performance measures. During monitoring, the Housing First factors described in #2 are evaluated. In addition, during regular meetings with various providers (e.g., training, coordinated entry), there is consistent emphasis on using Housing First approaches, language, processes, and so on, which alerts providers that they must always be cognizant. CE staff bring forth to CA leadership any concerns that may arise through the Coordinated Entry process either through discussions in case conferencing and the referral process or based on referral outcomes in HMIS. Also, as part of the monthly invoicing process where funds flow through the CA agency, HMIS data and case notes are monitored. Any concerns noted there are brought forth to leadership.

| | | |
|-------|------------------------|--|
| 1D-3. | Street Outreach—Scope. | |
| | NOFO Section V.B.1.j. | |

| | |
|----|---|
| | Describe in the field below: |
| 1. | your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged; |
| 2. | whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area; |
| 3. | how often your CoC conducts street outreach; and |
| 4. | how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. |

(limit 2,500 characters)

1.The CoC has in place comprehensive street outreach efforts made possible through nurturing collaboration among several outreach providers including the Homeless Outreach Teams from four law enforcement organizations, outreach providers funded through PATH, RHY, and SSVF, and other local outreach teams. Outreach occurs daily and designed to reach all those who are unsheltered. Outreach offers a bridge to services and often to low-barrier beds at the local emergency shelter. All partners provide outreach services throughout the CoC and are trained as Coordinated Entry Access Points to ensure all persons experiencing homelessness are identified in Coordinated Entry (CE) and placed on the By-Name List (BNL) for connection to services. Outreach workers continue to engage with unsheltered individuals whether or not they are entered into CE, working to build rapport and trust to encourage housing-focused next steps. Most recently, through public/private partnership, the Venice Police Department has added an outreach case manager position through the CA/CE lead. Outreach teams have weekly or biweekly meetings specific to their clients and participate in By-Name Case Conferencing.

2.Street outreach covers 100% of our CoC’s geographic area.

3.Street outreach is performed daily.

4.Our CoC tailors outreach by partnering with agencies that are equipped to work with those least likely to ask for assistance. Safe Children’s Coalition and Harvest House’s Youth Outreach Case Workers identify and engage unaccompanied youth at risk of or experiencing homelessness. Our community’s PATH provider, as part of their other organizational services, provides supportive housing and has staff experienced in engaging those reluctant to receiving services. Centerstone specializes in behavioral and mental health, assisting with those who have such barriers. Veteran and civilian outreach is provided by JFCS. All CoC outreach staff provide information, linkage to shelter, and long-term forms of support such as counseling and case management, and work in partnership with the CoC coordinated entry system to identify permanent housing solutions. In addition, outreach workers are provided lists of persons who are highly vulnerable but who have disengaged, and outreach intentionally reaches out to re-engage those persons.

| | | |
|-------|--|--|
| 1D-4. | Strategies to Prevent Criminalization of Homelessness. | |
|-------|--|--|

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|-----------------------|--|
| NOFO Section V.B.1.k. | |
|-----------------------|--|

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

| | Your CoC’s Strategies | Ensure Homelessness is not Criminalized | Reverse Existing Criminalization Policies |
|----|---|---|---|
| 1. | Engaged/educated local policymakers | Yes | No |
| 2. | Engaged/educated law enforcement | Yes | No |
| 3. | Engaged/educated local business leaders | Yes | No |
| 4. | Implemented community wide plans | Yes | No |
| 5. | Other:(limit 500 characters) | | |
| | | | |

| | | |
|-------|---|--|
| 1D-5. | Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. | |
| | NOFO Section V.B.1.i. | |

| | HIC Longitudinal HMIS Data | 2022 | 2023 |
|--|----------------------------|------|------|
| Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR. | HIC | 144 | 176 |

| | | |
|-------|---|--|
| 1D-6. | Mainstream Benefits–CoC Annual Training of Project Staff. | |
| | NOFO Section V.B.1.m. | |

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

| | Mainstream Benefits | CoC Provides Annual Training? |
|----|--|-------------------------------|
| 1. | Food Stamps | No |
| 2. | SSI–Supplemental Security Income | No |
| 3. | SSDI–Social Security Disability Insurance | No |
| 4. | TANF–Temporary Assistance for Needy Families | No |
| 5. | Substance Use Disorder Programs | No |
| 6. | Employment Assistance Programs | No |
| 7. | Other (limit 150 characters) | |
| | | |

| | | |
|--------|---|--|
| 1D-6a. | Information and Training on Mainstream Benefits and Other Assistance. | |
| | NOFO Section V.B.1.m | |

Describe in the field below how your CoC:

| | |
|----|--|
| 1. | systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area; |
| 2. | works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and |
| 3. | works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1. The Collaborative Applicant (CA) publishes updated resource information online in HMIS on a regular basis for participating agencies and staff to access directly from the home page. The CA also distributes a printed Resource Guide which lists mainstream resources in the CoC geographic area. In addition, the CA facilitates presentations at quarterly CoC meetings to inform members of the resources. For example, the bi-monthly CoC meetings feature both an "Agency Spotlight" and a "Resource Spotlight" that highlight assistance available within the community, including mainstream benefits, behavioral and physical health services, and more. Weekly Case Conferencing also provides opportunities for agencies to share updates and resources to help clients. Program Specialists continually inform case managers on the assistance available, discuss the referral and application process, and educate them on the criteria Social Security uses to determine eligibility.
2. The Collaborative Applicant works closely with First Step of Sarasota (FS), which provides behavioral health services to households experiencing or at risk of homelessness. SOAR case managers are able to have Medical Summary Reports submitted with SSI/SSDI applications reviewed by FS medical staff. This relationship allows SOAR clients to enroll in FS's grant program for individuals with no income or insurance. Once enrolled, clients receive no-cost mental health evaluations and treatment.
- 1/2 The CA ensures that the CoC's SOAR Team who assist homeless and at-risk clients apply for SSI/SSDI, SNAP, and Medicaid are named frequently as a resource, in CoC meetings, BNL meetings, case conferencing, and other venues. Although the SOAR team primarily assists with SSI/SSDI applications, they also connect clients with resources such as Vocational Rehabilitation, food stamps and Medicaid. These services contribute to the stability of program participants and help in their transition to permanent housing via housing voucher programs.
3. Our CoC promotes the online SOAR certification offered through SAMHSA and supports provider agencies seeking training in this process through our SOAR team and relationship with the managing entity of the State funded behavioral health organizations.

| | | |
|-------|--|--|
| 1D-7. | Increasing Capacity for Non-Congregate Sheltering. | |
| | NOFO Section V.B.1.n. | |

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

While pre-COVID, there were few to none non-congregate shelter options, the CoC significantly increased non-congregate sheltering through available ESG-CV funding by pairing motel/hotel vouchers with Rapid ReHousing projects. The CoC supported persons living in an unsheltered situation to move into non-congregate shelter and work on permanent housing placement through Rapid ReHousing. These individuals were prioritized through Coordinated Entry so that those with the highest vulnerability and living with disabilities were offered non-congregate shelter and then assisted to move into permanent housing. In this way, we targeted our resources to those who were in the greatest need based on vulnerability and unsheltered status.

| | | |
|-------|---|--|
| ID-8. | Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases. | |
| | NOFO Section V.B.1.o. | |
| | Describe in the field below how your CoC effectively collaborates with state and local public health agencies to: | |
| 1. | develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and | |
| 2. | prevent infectious disease outbreaks among people experiencing homelessness. | |

(limit 2,500 characters)

1. During the first year of the COVID-19 pandemic, the CoC forged strong relationships with state and local public health departments. We continue to work together to ensure that we have in place effective CoC-wide policies and procedures. Many of the policies that were put into place for COVID remain applicable and CoC agencies now have emergency protocols that can be implemented in any future pandemic or health emergency. Technology has been put in place to allow for virtual operations across the CoC. Emergency Operation Commands in both counties in our CoC have distribution lists for quick dissemination of information on disease outbreaks, health department alerts, and safety protocols. Agencies have virtual operation plans in place and procured technology to allow for flexible working locations as well as remote case management procedures in place for obtaining critical documents, signatures, and information from clients so that critical services and supports continue uninterrupted.

2. Building on our experience and relationships from the COVID pandemic, we work with the health department to recognize when social distancing, PPE, and other precautions must be put into place, and to effectively deploy solutions. This includes direct contact from Health Department officials to Leadership at the CoC lead agency when something occurs, so that we may coordinate with the CoC and relevant service providers as appropriate. Protocols governing the care of ill individuals as well the coordination between medical personnel, county employees, meal delivery services, and case management services are established and can be instituted quickly.

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| ID-8a. | Collaboration With Public Health Agencies on Infectious Diseases. | |
| | NOFO Section V.B.1.o. | |
| | Describe in the field below how your CoC: | |
| 1. | shared information related to public health measures and homelessness, and | |
| 2. | facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants. | |

(limit 2,500 characters)

1. Post COVID, the communication channels have remained in place between public health and the CoC. As public health incidents occur or information is updated, officials connect with the CEO and designated staff at the lead agency (CA-Suncoast Partnership). Suncoast then distributes information out to the CoC via email. Depending on the nature of the issue or the update, phone calls and meetings may also occur. Public Health and other applicable officials attend CoC and/or Leadership Council meetings to provide updates as well. In the past, these updates have included new information, testing locations, PPE availability, local restrictions, vaccination sites, and/or revisions to safety protocols.

2. The CoC Collaborative Applicant facilitates communication between health departments and homeless services providers on a regular basis, primarily through the email list (described above) and Zoom briefings as needed. Street outreach providers and shelter/housing providers are equipped with PPE, information about testing and vaccinations, and access to non congregate shelter for those most vulnerable to the infectious disease.

A more recent and specific example of this coordination is this past spring when a person, who had an infectious disease, identified as staying in a particular camp area. The public health official reached out to the CEO at Suncoast Partnership to coordinate a response with homeless service providers, including the outreach teams.

| | | |
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| 1D-9. | Centralized or Coordinated Entry System—Assessment Process. | |
| | NOFO Section V.B.1.p. | |
| | Describe in the field below how your CoC's coordinated entry system: | |
| 1. | covers 100 percent of your CoC's geographic area; | |
| 2. | uses a standardized assessment process; and | |
| 3. | is updated regularly using feedback received from participating projects and households that participated in coordinated entry. | |

(limit 2,500 characters)

1. The CoC Coordinated Entry (CE) system covers 100 percent of geographic area of the CoC with (1) facility-based Access Points throughout the area, (2) a roaming Access Point staff person from the Collaborative Applicant that covers both counties in our CoC, and (3) multiple outreach workers who serve as CE Access Points. The roaming Access Point and outreach staff can reach clients "where they are" for intake and triage so that they can be entered on the By-Name List and have access to housing opportunities.

2. The CoC CE utilizes a standardized assessment process. The initial tool utilized for assessment is the VI-SPDAT. The prioritization process considers the acuity of need (as measured by the VI-SPDAT) as well as the length of time homeless and the length of time the household has been on the By Name List

3. The CoC receives regular input from participating projects and households, primarily through case conferencing and By Name List meetings, but also in CoC meetings and other venues. That input is considered on an ongoing basis to revise and improve CE processes to better serve households, as well as participating projects.

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| 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | NOFO Section V.B.1.p. | |

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| | Describe in the field below how your CoC's coordinated entry system: |
| 1. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 2. | prioritizes people most in need of assistance; |
| 3. | ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and |
| 4. | takes steps to reduce burdens on people using coordinated entry. |

(limit 2,500 characters)

1. The CoC has a staffer who acts as a roaming access point as well as multiple street outreach workers who serve as access points for coordinated entry. This allows us to reach clients "where they are" (literally and figuratively) for intake and triage so that they can be entered into HMIS and the By Name List, and have access to housing opportunities. Clients least likely to apply for homeless assistance are targeted through various reporting methods, engaged by CoC staff, and continuously offered CE intake and housing-focused services. The coordinated entry system prioritizes those persons who are least likely to achieve and maintain permanent housing without the assistance provided within the CoC.
2. The prioritization system is based on length of time homeless, acuity of need, and length of time they have been on the By Name List awaiting housing. Those clients identified through various reporting as homeless for three years or more are targeted and an outreach worker sent to engage with the client continuously until the client is ready for intake and connection to housing options. Similarly, those who have been in shelter for one year or more are also continuously offered CE intake and referral to housing projects.
3. Reports are run daily to check for any new people entering the system; project manager reviews client's case and sends appropriate referrals. When housing options are available, individuals or families prioritized in the queue are contacted by project staff immediately. If the RRH/PSH staff cannot locate the household, an outreach worker assists in locating the household and ensuring that they are connected with the housing project staff. All projects work to ensure that the household is offered the type of housing that is most consistent with their preferences, recognizing that household choice and autonomous decision-making are important to ongoing housing stability.
4. The CoC coordinated entry system is designed to ease the burden on persons experiencing homelessness. For instance, there are many access points throughout the CoC's geographic area for ease of access and for those less likely to utilize a facility-based access point, we have many outreach workers who perform coordinated entry in the field. CE staff and outreach workers are highly trained professionals who strive to make the CE process easy and as quick as possible. CE may be done either in person or over the phone to meet the households' needs.

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| 1D-9b. | Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations. | |
| | NOFO Section V.B.1.p. | |

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| Describe in the field below how your CoC through its centralized or coordinated entry: | |
| 1. | affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness; |
| 2. | informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and |
| 3. | reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan. |

(limit 2,500 characters)

1.The CA and one of our partner agencies in Manatee County both publish resource guides specific to each county which is widely distributed through outreach workers, partners agencies, church groups and other advocates, law enforcement, local government, etc. An electronic version is also available on our website. 2. Program participant rights are documented in the CoC policies and procedures available on our website and are included on enrollment forms at the agency level. All agencies that the lead agency (CA-Suncoast Partnership) monitors, which includes those receiving HUD, State, and some local funding, are required to post information about fair housing, civil rights laws, and their participant rights in visible locations. This is often found on bulletin boards in entries and waiting areas, as well as posted in individual case manager offices and intake areas. This is verified during site visits by the lead agency. All CoC agencies who receive Hud, State, local, and other Federal funding have formal grievance policies and procedures in place that are shared with clients. The CoC has a community-wide process which is posted on our website. Both Manatee and Sarasota Counties, who are responsible for the Consolidated Plan, have public grievance processes. The Florida Commission on Human Relations is our Statewide entity where violations are filed.

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| 1D-10. | Advancing Racial Equity in Homelessness—Conducting Assessment. | |
| | NOFO Section V.B.1.q. | |

| | | |
|----|---|------------|
| 1. | Has your CoC conducted a racial disparities assessment in the last 3 years? | Yes |
| 2. | Enter the date your CoC conducted its latest assessment for racial disparities. | 01/15/2021 |

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| 1D-10a. | Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance. | |
| | NOFO Section V.B.1.q. | |

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| Describe in the field below: |
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| 1. | your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and |
| 2. | what racial disparities your CoC identified in the provision or outcomes of homeless assistance. |

(limit 2,500 characters)

1. The CoC utilized the Racial Equity Toolkit provided by NAEH to perform our assessment of racial disparities. This past June, we contracted with a company to create a racial equity dashboard based on our HMIS data. This is prominently displayed on our website now for all to view on a regular basis. As this is a new process, and our CoC Leadership Council/CoC membership has not yet studied/analyzed the compiled data, we will update through next year's application process. On the provider level, some of our organizations have implemented processes where they are reviewing exit data as part of the performance quality plans to monitor any potential program level disparities.

2. We compared the number of those experiencing homelessness versus those placed in permanent housing and did not identify any disparity. Of those experiencing homelessness, 73% identified as white, 22% as African American, and 5% as other. Additionally, 10% identified as Hispanic, and 90% as Non-Hispanic. These percentages held true for those being placed in transitional housing. These numbers were comparable to those placed in permanent housing with 72% identified as white, 22% as African American, and 6% as other. In terms of ethnicity, Hispanic households were slightly more likely to be placed in permanent housing, at a rate of 13% versus 87% non-Hispanic households. A small disparity was identified when considering Returns to Homelessness. Of those returning to homelessness, 68% identified as white, while 24% identified as African American, and 8% as other, meaning that it was slightly more likely for African Americans and "other" races to return to homelessness as compared to white households.

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| 1D-10b. | Implemented Strategies that Address Racial Disparities. | |
| | NOFO Section V.B.1.q. | |
| | Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities. | |

| | | |
|----|--|-----|
| 1. | The CoC's board and decisionmaking bodies are representative of the population served in the CoC. | Yes |
| 2. | The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC. | Yes |
| 3. | The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups. | Yes |
| 4. | The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. | Yes |
| 5. | The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | No |
| 6. | The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | Yes |
| 7. | The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. | Yes |
| 8. | The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity. | No |
| 9. | The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness. | Yes |

| | | |
|-----|---|-----|
| 10. | The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system. | Yes |
| 11. | The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. | No |
| | Other:(limit 500 characters) | |
| 12. | | |

| | | |
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| 1D-10c. | Implemented Strategies that Address Known Disparities. | |
| | NOFO Section V.B.1.q. | |

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

No significant disparities have been identified in the outcomes of the homeless assistance system. Disparities exist across the community, as evidenced by a higher rate of homelessness experienced by racial minorities and particular ethnic groups as compared to white non-Hispanic households; however, these disparities are due to broader differences in employment, education, housing, and community factors, not the homeless assistance system. Once an individual enters the homeless assistance system, there are no significant disparities experienced related to housing outcomes.

| | | |
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| 1D-10d. | Tracked Progress on Preventing or Eliminating Disparities. | |
| | NOFO Section V.B.1.q. | |

Describe in the field below:

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|----|--|
| 1. | the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and |
| 2. | the tools your CoC uses. |

(limit 2,500 characters)

The CoC will continue to monitor racial equity using the system dashboard on our website and the NAEH Racial Equity Toolkit. . If racial inequities are identified in the homeless assistance system, steps will be taken to remedy those inequities.

| | | |
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| 1D-11. | Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts. | |
| | NOFO Section V.B.1.r. | |

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC continues to prioritize representation in our role facilitating community-wide collaboration and the Collaborative Applicant seeks out persons with lived experience/expertise of homelessness. Staff and community members are encouraged to include clients active in the CoC to attend virtual meetings, as well as having members with lived experience on both the Board of Directors of the Collaborative Applicant and the Leadership Council, the CoC Governing Board. Many of our provider organizations, such as St. Vincent de Paul of South Pinellas, include people with lived expertise on their boards and in peer positions. Our call for participation in Leadership Council and the CoC includes posting on the website and an email distribution list to more than 600 people. Through discussions at case conferencing and other public meetings, we actively seek people who can offer their lived expertise to our process. On a Statewide level, Suncoast Partnership through Florida Coalition to End Homelessness has been advocating to changes in policies that create barriers in employing those with lived expertise because of background requirements being enforced through the State funding process. In late 2019 and early 2020, the CA (lead agency-Suncoast Partnership) created a plan to implement a formalized initiative under the Leadership Council that included a robust work group of people with a variety of lived experiences that would participate in evaluating current policies/procedures and processes and be involved in the planning and implementation of future ones. This plan included a compensation structure, professional development opportunities, and dedicated staff to support people in this work. Unfortunately, COVID, Hurricane Ian, and the subsequent capacity, economic, and housing crisis have delayed our ability to implement this initiative CoC wide. We plan to present this to the Leadership Council this coming year.

| | | |
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| 1D-11a. | Active CoC Participation of Individuals with Lived Experience of Homelessness. | |
| | NOFO Section V.B.1.r. | |

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

| | Level of Active Participation | Number of People with Lived Experience Within the Last 7 Years or Current Program Participant | Number of People with Lived Experience Coming from Unsheltered Situations |
|----|---|---|---|
| 1. | Included in the decisionmaking processes related to addressing homelessness. | 3 | 0 |
| 2. | Participate on CoC committees, subcommittees, or workgroups. | 3 | 0 |
| 3. | Included in the development or revision of your CoC's local competition rating factors. | 0 | 0 |
| 4. | Included in the development or revision of your CoC's coordinated entry process. | 1 | 0 |

| | | |
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| 1D-11b. | Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. | |
| | NOFO Section V.B.1.r. | |

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Career Source (the local workforce board agency) and Goodwill Job Connections, two CoC member organizations, provide professional development and employment opportunities to individuals with lived experience of homelessness. Both organizations are actively involved in the CoC and committed to ensuring that households with lived experience are provided the education, training, and employment they need. Career Source maintains regular hours at the drop-in center to assist with resume writing, job applications, and to connect households to available opportunities. Goodwill has locations easily accessible by public transportation and collaborates with outreach staff and case managers to assist clients who may be having difficulty accessing their services. Career Source and Goodwill share job opportunities and job fairs with the Collaborative Applicant, which in turn sends those updates to provider agencies to share with program participants. Many of our provider agencies also work to include peer mentor positions as part of their programs where only those with lived experience are qualified to fill the role. For example, St. Vincent de Paul of South Pinellas has peer mentors employed as part of their rapid rehousing for Veterans. Our local NAMI chapter launch a foundation supported peer mentor program where those employed have had experience with the child welfare system and are now working with families who have had their children removed and are seeking reunification. Many of these mentors and the current impacted families have experienced homelessness and housing insecurity.

| | | |
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| 1D-11c. | Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. | |
| | NOFO Section V.B.1.r. | |

Describe in the field below:

- | | |
|----|---|
| 1. | how your CoC routinely gathers feedback from people experiencing homelessness; |
| 2. | how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and |
| 3. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness. |

(limit 2,500 characters)

1.The CoC routinely gathers feedback from people experiencing homelessness through the homeless assistance system. This is done primarily through surveys and program participant feedback acquired through one-one interview process during monitoring of CoC and ESG projects. Participant interviews have been a required component of monitoring for many years. Submission of participant surveys as part of the annual HUD renewal process and other State and local funding was discussed at the Leadership Council (CoC Governing Board) meeting in the Spring and will go into effect as a requirement in the FY 24 process.

2.The CoC routinely gathers feedback from people who have received assistance primarily through surveys and program participant feedback acquired through one-one interview process during monitoring of CoC and ESG projects. Participant interviews have been a required component of monitoring for many years. Submission of participant surveys as part of the annual HUD renewal process and other State and local funding was discussed at the Leadership Council meeting in the Spring and will go into effect as a requirement in the FY 24 process.

3.Feedback regarding challenges identified by people with lived experience is brought to the appropriate committee (e.g., feedback regarding coordinated entry is considered by the coordinated entry team) and/or the CoC Leadership Council. At the provider level, many of our organizations have structured performance quality improvement processes that include a quarterly review of program data, including survey feedback, analysis of results, and recommendations for improvement as needed.

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| 1D-12. | Increasing Affordable Housing Supply. | |
| | NOFO Section V.B.1.t. | |
| | Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following: | |
| 1. | reforming zoning and land use policies to permit more housing development; and | |
| 2. | reducing regulatory barriers to housing development. | |

(limit 2,500 characters)

The CoC has engaged actively with Sarasota County and Manatee County stakeholders to encourage reforming zoning and land use policies to permit more housing development. Since the affordable housing crisis in our community is now having significant impacts on the economic side of the coin and the ability to provide key services through the hospital, law enforcement, and other agencies, the CoC has gained some strong voices in championing this need. The Greater Sarasota Chamber of Commerce surveyed businesses and their number one problem was staff shortages/capacity due to the lack of housing that was affordable for their employees. The Sarasota County Sheriff's Dept. has publicly noted the inability to hire and keep officers because of this, putting a strain on public safety. Our local public hospital has maintained hundreds of vacancies for this same reason. In response, a few local foundations, the housing authority, the lead agency, and one of our PSH and affordable housing developer agencies have launched a special workgroup to plan other community-wide strategies, ensure collaboration between economic arms and social service arms, and have a unified voice as we continue to advocate for solutions with local government. In November, our group will host a public community education forum in the auditorium at the local hospital, Sarasota Memorial.

One of our local foundations, Gulf Coast Community Foundation, also commissioned a recent community scan for public reporting; affordable housing and the rippling economic impacts were a top concern for all. In addition to the above, specific steps taken have included: (1) presentations to both county commissions regarding the data supporting the need for increased affordable housing (AH) stock and possible solutions and individual meetings with stakeholders, including commissioners and local government staff. Among the topics discussed were: (1) inclusionary zoning, (2) housing type zoning code flexibility to promote infill AH development, (3) accessory dwelling unit ordinances, and (4) access to government-owned surplus lands for use by nonprofits and affordable housing developers. In engaging with Sarasota County and Manatee County, as described above, additional topics include: (1) expedited permitting for AH, (2) reduction of parking and setback requirements for AH, (3) reduction of impact fees for affordable housing, and (4) conversion of unused retail space into AH.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
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| 1E-1. | Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen. | |
|-------|---|--|

| | | |
|----|--|------------|
| 1. | Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline. | 08/01/2023 |
| 2. | Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline. | 06/23/2023 |

| | | |
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| 1E-2. | Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition: | |
|-------|---|--|

| | | |
|----|--|-----|
| 1. | Established total points available for each project application type. | Yes |
| 2. | At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH). | Yes |
| 3. | At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness). | Yes |
| 4. | Provided points for projects that addressed specific severe barriers to housing and services. | Yes |

| | | |
|----|---|-----|
| 5. | Used data from comparable databases to score projects submitted by victim service providers. | Yes |
| 6. | Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers. | Yes |

| | | |
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| 1E-2a. | Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. | |
| | NOFO Section V.B.2.a., 2.b., 2.c., and 2.d. | |

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

| | | |
|----|---|--------|
| 1. | What were the maximum number of points available for the renewal project form(s)? | 110 |
| 2. | How many renewal projects did your CoC submit? | 8 |
| 3. | What renewal project type did most applicants use? | PH-PSH |

| | | |
|--------|---|--|
| 1E-2b. | Addressing Severe Barriers in the Local Project Review and Ranking Process. | |
| | NOFO Section V.B.2.d. | |

Describe in the field below:

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|----|---|
| 1. | how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,500 characters)

- 1.The CoC's Review and Rank Committee (RRC) used HMIS-generated performance reports to evaluate the rate at which projects successfully housed program participants in permanent housing. The greatest points were awarded to projects that housed 85% or more of program participants, with fewer points awarded to those in the following ranges, with decreasing points for each range: 65-84%, 45-64%, 25-44%.
- 2.The RRC used performance reports to determine the total days from project entry to move-in date, with the greatest points awarded to those who housed program participants within 45 days, and fewer points awarded to those in the following ranges: 45-60 days, 61-75 days, and 76-90 days.
- 3.The RRC considered severity of needs and vulnerabilities of program participants in terms of the need for permanent supportive housing vis a vis rapid rehousing, generally ranking PSH renewal projects ahead of RRH, and ranking renewal projects ahead of new projects due to the recognized need to ensure housing stability for those already housed in existing projects.
- 4.The RRC took into consideration the vulnerability and severity of needs of projects' participants when ranking projects by balancing the factors related to project performance with the factors related to severity of need, and taking into consideration the type of project (PSH versus RRH) when ranking projects.

| | | |
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| 1E-3. | Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process. | |
| | NOFO Section V.B.2.e. | |
| | Describe in the field below: | |
| | 1. how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications; | |
| | 2. how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and | |
| | 3. how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers. | |

(limit 2,500 characters)

- 1.The CoC's Leadership Council (i.e., governing board), the Rank and Review Committee, and the Collaborative Applicant staff all include persons of different races and play a role in the local competition process. Based on input from stakeholders, the Request for Proposals this year required project applicants to describe how their project would address racial equity and target underserved populations as rating factors.
- 2.The CoC's Rank and Review Committee included persons of different races and ethnicities, including those over-represented in the local homeless population.
- 3.The local competition Request for Proposals required project applicants to describe how the project would (1) help address racial equity and racial disparities affecting individuals and families experiencing homelessness, (2) specifically address how the program would target underserved populations based on program data, and (3) identify barriers to participation and steps to eliminate barriers.

| | | |
|-------|---|--|
| 1E-4. | Reallocation—Reviewing Performance of Existing Projects. | |
| | NOFO Section V.B.2.f. | |
| | Describe in the field below: | |
| 1. | your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed; | |
| 2. | whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year; | |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year; and | |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable. | |

(limit 2,500 characters)

1. The CoC has a written policy for reallocation, approved by CoC's Leadership Council (LC), which serves as the Governing Board. The policy sets forth processes for the evaluation of HUD CoC projects for quality, fit with community need, compliance, expenditure history, and alignment with HUD priorities. During the local competition, the Request for Proposals (RFP) outlines the scoring criteria to be used to evaluate performance. The rating criteria emphasizes system performance measures, compliance with Coordinated Entry (CE), and low barrier and housing first approaches. The reallocation policy empowers the Review and Rank committee to make decisions regarding funding allocations and rankings according to parameters of the RFP and priorities of the LC. To determine whether any renewal projects were candidates for reallocation, the CoC's Review and Rank Committee evaluated many factors including, but not limited to, the following: (1) positive housing outcomes, (2) days from project entry to move-in date, (3) housing stability after 12 months, (4) income increases, (5) HMIS data quality, consistency, and timeliness, (6) participation in Coordinated Entry, (7) low barrier and housing first approaches, (8) best practices, and more.

2. The CoC did not identify any projects that were candidates for reallocation this year.

3. The CoC did not reallocate any projects this year.

4. The Review and Rank Committee determined that all renewal projects met performance and other benchmarks, using the criteria described in #1 above, and met an identified community need.

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| 1E-4a. | Reallocation Between FY 2018 and FY 2023. | |
| | NOFO Section V.B.2.f. | |

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| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023? | Yes |
|--|--|-----|

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| 1E-5. | Projects Rejected/Reduced–Notification Outside of e-snaps. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen. | |

| | | |
|----|---|------------|
| 1. | Did your CoC reject any project application(s) submitted for funding during its local competition? | Yes |
| 2. | Did your CoC reduce funding for any project application(s) submitted for funding during its local competition? | No |
| 3. | Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition? | Yes |
| 4. | If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023. | 09/01/2023 |

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| 1E-5a. | Projects Accepted–Notification Outside of e-snaps. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen. | |

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| | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023. | 09/01/2023 |
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| 1E-5b. | Local Competition Selection Results for All Projects. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen. | |

| | | |
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| | Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds. | Yes |
|--|---|-----|

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| 1E-5c. | Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline. | |
| | NOFO Section V.B.2.g. and 24 CFR 578.95. | |
| | You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen. | |

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| | Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. | 09/25/2023 |
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| 1E-5d. | Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen. | |

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| | Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website. | 09/25/2023 |
|--|---|------------|

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|-------|---------------------------------|--|
| 2A-1. | HMIS Vendor. | |
| | Not Scored–For Information Only | |

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| | Enter the name of the HMIS Vendor your CoC is currently using. | Clarity Bitfocus |
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| 2A-2. | HMIS Implementation Coverage Area. | |
| | Not Scored–For Information Only | |

| | | |
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| | Select from dropdown menu your CoC’s HMIS coverage area. | Multiple CoCs |
|--|--|---------------|

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| 2A-3. | HIC Data Submission in HDX. | |
| | NOFO Section V.B.3.a. | |

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| | Enter the date your CoC submitted its 2023 HIC data into HDX. | 04/24/2023 |
|--|---|------------|

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| 2A-4. | Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers. | |
| | NOFO Section V.B.3.b. | |

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| | In the field below: | |
| 1. | describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; | |
| 2. | state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and | |

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The CoC/HMIS Lead collaborates closely with local domestic violence housing and service providers. The DV providers use Osnium, an HMIS-comparable database, and contribute de-identified aggregate data to the CoC as needed. The DV providers also have access to the HMIS system so they can search the system to determine what homelessness services and/or housing their program participants might have used in the past or be using in the present.
2. The Osnium system is compliant with HMIS data standards.
3. Our CoC is compliant with FY 2022 HMIS Data Standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.
NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

| Project Type | Total Year-Round Beds in 2023 HIC | Total Year-Round Beds in HIC Operated by Victim Service Providers | Total Year-Round Beds in HMIS | HMIS Year-Round Bed Coverage Rate |
|--|-----------------------------------|---|-------------------------------|-----------------------------------|
| 1. Emergency Shelter (ES) beds | 518 | 62 | 456 | 100.00% |
| 2. Safe Haven (SH) beds | 0 | 0 | 0 | |
| 3. Transitional Housing (TH) beds | 353 | 0 | 329 | 93.20% |
| 4. Rapid Re-Housing (RRH) beds | 176 | 0 | 176 | 100.00% |
| 5. Permanent Supportive Housing (PSH) beds | 378 | 0 | 378 | 100.00% |
| 6. Other Permanent Housing (OPH) beds | 252 | 0 | 252 | 100.00% |

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
NOFO Section V.B.3.c.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Our CoC will not be taking any steps to add Safe Haven (SH) beds over the next 12 months.

| | | |
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| 2A-6. | Longitudinal System Analysis (LSA) Submission in HDX 2.0. | |
| | NOFO Section V.B.3.d. | |
| | You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen. | |

| | |
|--|----|
| Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST? | No |
|--|----|

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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|--------------|------------------------|--|
| 2B-1. | PIT Count Date. | |
| | NOFO Section V.B.4.a | |

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| | Enter the date your CoC conducted its 2023 PIT count. | 01/23/2023 |
|--|---|------------|

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| 2B-2. | PIT Count Data–HDX Submission Date. | |
| | NOFO Section V.B.4.a | |

| | | |
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| | Enter the date your CoC submitted its 2023 PIT count data in HDX. | 04/25/2023 |
|--|---|------------|

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| 2B-3. | PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count. | |
| | NOFO Section V.B.4.b. | |

| | | |
|--|--|--|
| | Describe in the field below how your CoC: | |
| | 1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process; | |
| | 2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and | |
| | 3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count. | |

(limit 2,500 characters)

Our CoC did not engage youth in the count this year or implement a youth specific survey; youth serving organizations worked with Suncoast Partnership (HMIS lead) to ensure a correct shelter count. Unfortunately, coming off system challenges from COVID, Hurricane Ian, and with organizational changes and capacity challenges among providers, our CoC was not in a position for more robust planning.

| | | |
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| 2B-4. | PIT Count–Methodology Change–CoC Merger Bonus Points. | |
| | NOFO Section V.B.5.a and V.B.7.c. | |

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|---------------------|--|
| In the field below: | |
| 1. | describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; |
| 2. | describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and |
| 3. | describe how the changes affected your CoC’s PIT count results; or |
| 4. | state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023. |

(limit 2,500 characters)

- 1. Not applicable
- 2. Not applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|--------------|--|--|
| 2C-1. | Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses. | |
| | NOFO Section V.B.5.b. | |
| | In the field below: | |
| | 1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time; | |
| | 2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and | |
| | 3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time | |

(limit 2,500 characters)

1.The CoC uses evidence-based risk factors that have been shown to be correlated with vulnerability and the likelihood of people experiencing homelessness for the first time. These risk factors include disability, income, age, race, victimization, and household composition, all of which are recorded in client entry assessments. Additionally, HMIS records and reports are used to identify at-risk clients who have been utilizing resources in the homeless crisis response system. Finally, the Coordinated Entry team is currently working on fine-tuning the identification of households at the greatest risk of homelessness upon being discharged from other systems, including criminal justice, psychiatric and substance use treatment programs, hospitals, etc.

2.Our CoC has numerous diversion and outreach resources tailored to individual and families most at risk of homelessness. These specialists assist those who are at-risk of homelessness or newly homeless to identify supports, resources and/or utilize conflict resolution and mediation strategies to assist in resolving the immediate crisis. The Collaborative Applicant, which is the Lead for Coordinated Entry, employs a team of diversion specialists who engage in problem-solving conversations with families and individuals attempting to access the system. Our family diversion specialist is the single point of entry into family shelters, with families provided a referral to shelters only after a diversion conversation takes place and it is determined that emergency shelter is the family's only option. This strategy greatly reduces the inflow of families into shelters when other resources are available. The CoC's strategy to reduce the number of households experiencing homelessness for the first time is a collaborative effort with each agency in the CoC responsible for having a housing problem solving conversation at the initial point of access. The CoC continues to fund projects for diversion, utilizing a triage process for issuing financial assistance as part of early intervention (EI) efforts and the Collaborative Applicant is currently mapping out a strategy for incorporating this approach system-wide.

3.The Collaborative Applicant and Coordinated Entry Lead, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the number of households experiencing homelessness for the first time.

| | | |
|--------|---|--|
| 2C-1a. | Impact of Displaced Persons on Number of First Time Homeless. | |
| | NOFO Section V.B.5.b | |

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|--|
| Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to: |
|--|

| | | |
|----|--|-----|
| 1. | natural disasters? | Yes |
| 2. | having recently arrived in your CoCs' geographic area? | Yes |

(limit 2,500 characters)

Our area has always struggled with people moving here from other places because they think the cost of living is lower, or because of the climate, or because they saw Real Life Siesta Key on MTV and thought this place would be great (real example). Pre-COVID this was more manageable as we had emergency shelter for singles that could accommodate walk-ins any time, and we were often able to assist people in returning to their hometowns where they had resources or connect with other family members and/or resources or connect them with a job for a fast resolve. The housing crisis and post COVID economy has drastically changed this for our area and this was exacerbated by the catastrophic Hurricane Ian that hit last year. We already had a housing shortage as of 2021: 0-30, -11,929 0-40,-13,502, 0-50,-13,665 and 0-60,-13,174 (Schimberg Center data). We lost housing in the disaster, people were displaced due to repairs (some of which are still battling with insurance to complete), and in general, lost housing to the vacation rental market. The competition for housing is fierce. Housing costs have risen drastically where room rentals are as much as a \$1000.00 per month and the average 2-bedroom is over \$2000. In our PIT, the greatest increase in homelessness was families as they are priced out and often can't compete with others in this housing market.

| | | |
|--------------|--|--|
| 2C-2. | Length of Time Homeless—CoC's Strategy to Reduce. | |
| | NOFO Section V.B.5.c. | |
| | In the field below: | |
| 1. | describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless; | |
| 2. | describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and | |
| 3. | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless. | |

(limit 2,500 characters)

1.To reduce the length of time homeless, our CoC has increased CoC-wide housing-focused outreach efforts to connect clients efficiently to permanent housing interventions. The CoC also emphasizes the importance of shortening the time to housing placement for households after entry into rapid rehousing and permanent supportive housing projects. The Collaborative Applicant has launched the Suncoast Housing Collaborative to recruit landlords and strengthen landlord relationships, which will assist with more rapid housing placement. The Housing Collaborative includes a variety of strategies to incentivize landlords to reduce barriers to housing placement and speed up housing placement. Those strategies include housing placement bonus, risk mitigation fund, discounts offered by retailers, rent guarantees in the event of unexpected turnover, and more. Further, this year the CoC's permanent housing options have increased due to the collaboration with the Sarasota Housing Authority for Emergency Housing Vouchers and Mainstream Vouchers. In addition, the CoC's Coordinated Entry system tracks length of time homeless and uses that measure as a factor in prioritization for housing resources.

2.The CoC identifies individuals and families with the longest lengths of homelessness through the Coordinated Entry (CE) process. This information is recorded on the By-Name List (BNL) and in HMIS. The Collaborative Applicant's Coordinated Entry Project Manager reviews each CE intake, screens for eligibility, and sends the referrals to the appropriate agency or resource. The CoC has agreed that agencies receiving referrals will accept or deny within 48 hours. Agencies within the CoC have biweekly case conferencing to discuss client barriers and share resources. When a housing resource is available, a referral is made through the coordinated entry project manager for the next eligible prioritized person on the list. For housing voucher clients, the Collaborative Applicant has a housing project manager on staff who works with clients, along with a case manager who helps with housing identification and ensures a smooth paperwork process at the PHA. Other housing projects employ housing coordinators as part of their teams to assist with housing identification and placement.

3.The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the length of time households remain homeless.

| | | |
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| 2C-3. | Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy | |
| | NOFO Section V.B.5.d. | |
| | In the field below: | |
| 1. | describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; | |
| 2. | describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and | |
| 3. | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing. | |

(limit 2,500 characters)

1.To increase the rate that households in ES, TH, and RRH exit to permanent housing destinations, the CoC uses its Coordinated Entry system and case conferencing, which are led by the Collaborative Applicant. In addition, the CoC systematically and strategically focuses on exits to permanent destinations through targeted bridge shelter beds for prioritized individuals which are coupled with RRH funding. Vouchers have been used for clients who were stabilized through RRH but would not likely be able to maintain their housing beyond their rapid rehousing assistance due to financial constraints and/or disabilities. The Collaborative Applicant has launched the Suncoast Housing Collaborative (to recruit landlords and strengthen landlord relationships (see description in 2C-2 above), which will assist with permanent housing placement.

2.The CoC emphasizes best practices in housing-focused case management for permanent housing projects and provides mandatory trainings to ensure that project staff have in-depth knowledge of best practices to ensure ongoing housing retention and exits to permanent housing destinations. A few of the strategies currently in place include: (1) effective connections to mainstream benefits and employment, (2) regular follow-up to identify and solve any possible challenges with housing retention, (3) connecting rental sharing opportunities through case conferencing, (4) ensuring wrap around supports through case conferencing teams and collaboration, and (5) facilitating moves from RRH to housing vouchers for those least likely to be able to financially sustain their housing once RRH assistance is ended. Project performance on exits to permanent housing and housing retention are monitored by the Collaborative Applicant quarterly so that any problem areas can be identified and rectified in a timely manner. The Collaborative Applicant maintains a performance dashboard on its website, updated quarterly, that reports on our community’s achievement of this and other performance measures to draw attention to the importance of such measures.

3.The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase the rate households exit to or retain housing.

| | | |
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| 2C-4. | Returns to Homelessness—CoC's Strategy to Reduce Rate. | |
| | NOFO Section V.B.5.e. | |

| | |
|---------------------|--|
| In the field below: | |
| 1. | describe your CoC's strategy to identify individuals and families who return to homelessness; |
| 2. | describe your CoC's strategy to reduce the rate of additional returns to homelessness; and |
| 3. | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness. |

(limit 2,500 characters)

1.The CoC uses the Coordinated Entry System, HMIS, and street outreach to identify households who return to homelessness.

2.The CoC utilizes its case conferencing process, led by the Collaborative Applicant (CA), to help identify those at risk of return to homelessness and take action to prevent those returns. This intervention could be connection to appropriate services, reunification with family, rehousing, or job connection. The open collaboration fostered through the our system has created an environment where case managers are forthcoming when they are encountering challenges with stability of clients and wanting ideas for solutions. Another way we have been able to work together to reduce returns to homelessness is through the voucher allocation with the housing authority. Vouchers have been used for clients who were stabilized through RRH but will not be able to maintain their housing beyond their rapid rehousing assistance due to financial constraints and/or disabilities. The CoC emphasizes best practices in housing-focused case management and provides mandatory trainings to ensure that project staff have in-depth knowledge of best practices. All funds sub-contracted through the Collaborative Applicant are monitored monthly. The monitoring includes review of case notes and housing stability plans. Staff are able to identify signs of instability and make contact with case managers to discuss/strategize the case. Cases are brought to the case conferencing collaborative for input on strategies and ideas for resources to help ensure client stability. In addition, the CoC focuses on assisting program participants to increase employment and non-employment income (see 2C5 and 5a) so households will have financial resources to retain their housing.

3.The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the rate households return to homelessness.

| | | |
|-------|--|--|
| 2C-5. | Increasing Employment Cash Income—CoC's Strategy. | |
| | NOFO Section V.B.5.f. | |
| | In the field below: | |
| 1. | describe your CoC's strategy to access employment cash sources; | |
| 2. | describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and | |
| 3. | provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment. | |

(limit 2,500 characters)

1. Increasing income is a performance measure the Leadership Council (i.e., CoC Governing Board) has identified as a priority and is seeking to address through various strategies. One strategy is emphasis on this performance measure in the CoC's RFP processes by scoring projects higher when they perform well on this measure. In addition, this measure is included in monthly performance reports provided to agency leadership and program directors and reported to the Leadership Council on a quarterly basis. The Collaborative Applicant maintains a performance dashboard on its website, updated quarterly, that reports on our community's achievement of improving income, as well as other performance measures, to draw attention to the importance of such measures. The largest employment nonprofits in the area, Career Source and Goodwill, are both active members of the CoC. In addition, the CoC has improved the to which income is updated in HMIS so income changes can be tracked more accurately. Tracking changes in income is also a component of the monitoring process to ensure that provider agencies continue to emphasize increasing income and recording those changes.

2. We actively engage the local workforce board agency, Career Source, in case conferencing to update case managers on programs and opportunities. Career Source maintains regular hours at the drop-in center to assist with resume writing, job applications, and to connect households to available opportunities. The CoC also collaborates closely with Goodwill and their job connections staff member is an active participant in the strategic planning committee. Goodwill has locations easily accessible by public transportation and collaborates with outreach staff and case managers to assist clients who may be having difficulty accessing their services. Career Source and Goodwill share job opportunities and job fairs with the Collaborative Applicant, which in turn sends those updates to provider agencies.

3. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase income from employment.

| | | |
|--------|---|--|
| 2C-5a. | Increasing Non-employment Cash Income—CoC's Strategy | |
| | NOFO Section V.B.5.f. | |
| | In the field below: | |
| | 1. describe your CoC's strategy to access non-employment cash income; and | |
| | 2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income. | |

(limit 2,500 characters)

1. Non-employment cash income is also included in the Leadership Council (i.e., CoC Governing Board) priorities along with employment income. One strategy is emphasis on this performance measure in the CoC's RFP processes by scoring projects higher when they perform well on this measure. Additionally, the CoC performs regular monitoring and training of case managers to educate them on how to assist clients securing non-employment income. The Collaborative Applicant and CoC emphasize the availability and effectiveness the local SOAR Team, which focuses on connecting eligible clients to SSI and SSDI benefits. As other needs are identified throughout the disability application process, the SOAR team also connects households with other non-employment benefits, such as assisting with food stamp applications and helping recover unreceived stimulus checks from IRS. Program specialists also screen individuals coming through coordinated entry to identify any unmet needs and connect them with non-employment benefits which includes assisting with Medicaid and food stamp applications. For households in programs/projects, their assigned case manager assists the household in applying for benefits and non-employment income, referring the household to the SOAR team when appropriate. As noted in 2C-5, there is also increased emphasis on recording changes in income in HMIS so household income and program performance can be accurately tracked.

2. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|--------------|---|--|
| 3A-1. | New PH-PSH/PH-RRH Project–Leveraging Housing Resources. | |
| | NOFO Section V.B.6.a. | |
| | You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen. | |

| | | |
|--|--|----|
| | Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness? | No |
|--|--|----|

| | | |
|--------------|--|--|
| 3A-2. | New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources. | |
| | NOFO Section V.B.6.b. | |
| | You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen. | |

| | | |
|--|--|----|
| | Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness? | No |
|--|--|----|

| | | |
|--------------|---|--|
| 3A-3. | Leveraging Housing/Healthcare Resources–List of Projects. | |
| | NOFO Sections V.B.6.a. and V.B.6.b. | |
| | If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria. | |

| Project Name | Project Type | Rank Number | Leverage Type |
|-----------------------------|--------------|-------------|---------------|
| This list contains no items | | | |

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|--------------|--|--|
| 3B-1. | Rehabilitation/New Construction Costs–New Projects. | |
| | NOFO Section V.B.1.s. | |

| | |
|--|----|
| Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction? | No |
|--|----|

| | | |
|--------------|--|--|
| 3B-2. | Rehabilitation/New Construction Costs–New Projects. | |
| | NOFO Section V.B.1.s. | |

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

| | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,500 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|-------|--|--|
| 3C-1. | Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. | |
| | NOFO Section V.F. | |

| | | |
|--|--|----|
| | Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? | No |
|--|--|----|

| | | |
|-------|---|--|
| 3C-2. | Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. | |
| | NOFO Section V.F. | |

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

| | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|-------|------------------------------------|--|
| 4A-1. | New DV Bonus Project Applications. | |
| | NOFO Section I.B.3.I. | |

| | |
|--|-----|
| Did your CoC submit one or more new project applications for DV Bonus Funding? | Yes |
|--|-----|

| | | |
|--------|-------------------------|--|
| 4A-1a. | DV Bonus Project Types. | |
| | NOFO Section I.B.3.I. | |

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

| | Project Type | |
|----|---|-----|
| 1. | SSO Coordinated Entry | No |
| 2. | PH-RRH or Joint TH and PH-RRH Component | Yes |

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

| | | |
|-------|--|--|
| 4A-3. | Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area. | |
| | NOFO Section I.B.3.I.(1)(c) | |

| | | |
|----|--|-----|
| 1. | Enter the number of survivors that need housing or services: | 105 |
| 2. | Enter the number of survivors your CoC is currently serving: | 32 |
| 3. | Unmet Need: | 73 |

| | | |
|--------|--|--|
| 4A-3a. | How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(c) | |

| | |
|------------------------------|---|
| Describe in the field below: | |
| 1. | how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and |
| 2. | the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or |
| 3. | if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs. |

(limit 2,500 characters)

We received numbers directly from our State Certified DV providers who use a comparable system.

| | | |
|--------|---|--|
| 4A-3b. | Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1) | |

| |
|---|
| Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for. |
|---|

| |
|-----------------------|
| Applicant Name |
| Catholic Charitie... |

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

| | | |
|--------|---|--|
| 4A-3b. | Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section II.B.11.e.(1)(d) | |

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

| | | |
|----|--|---|
| 1. | Applicant Name | Catholic Charities Diocese of Venice Inc. |
| 2. | Project Name | CCDOV RRH DV Bonus Project |
| 3. | Project Rank on the Priority Listing | 10 |
| 4. | Unique Entity Identifier (UEI) | FTXXZCN4B753 |
| 5. | Amount Requested | \$398,545 |
| 6. | Rate of Housing Placement of DV Survivors—Percentage | 0% |
| 7. | Rate of Housing Retention of DV Survivors—Percentage | 0% |

| | | |
|----------|---|--|
| 4A-3b.1. | Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

| | |
|----|--|
| 1. | how the project applicant calculated both rates; |
| 2. | whether the rates accounts for exits to safe housing destinations; and |
| 3. | the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects). |

(limit 1,500 characters)

The applicant does not have this data specific to DV survivors but is the RRH expert that is going to partner with the two local State Certified DV providers in order to increase the capacity and effectiveness of housing survivors within our CoC. The regional program director at the applicant agency has previous experience implementing a DV Bonus project in another CoC. The CoC has not tracked DV separately within standard RRH housing projects/outcomes as we have maintained privacy and anonymity in HMIS.

| | | |
|--------|--|--|
| 4A-3c. | Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

| | |
|----|---|
| | Describe in the field below how the project applicant: |
| 1. | ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing; |
| 2. | prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.; |
| 3. | determined which supportive services survivors needed; |
| 4. | connected survivors to supportive services; and |
| 5. | moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends. |

(limit 2,500 characters)

1. The project applicant, CCDOV, partners with local DV providers to ensure that survivors have immediate access to low barrier services that offer immediate safety, confidentiality, and necessary supports. All agencies embrace the “Housing First” approach. Project staff provide in-depth housing search and coordination with local property managers to house persons referred for assistance. The Housing CM prioritizes client choice where individuals may already have positive support networks in place to identify convenient and safe locations that are close to employment and have access to public transportation. 2. The project applicant accepts referrals from local DV providers and CoC Coordinated Entry. Priorities are determined based on vulnerability as measured by the VI-SPDAT and case manager input regarding urgent health and/or safety needs. 3. Upon entry into the program staff work with survivors to create a housing stability plan. The plans are informed by the VI-SPDAT assessment and centered on participant choice. Stability plans are reviewed throughout service provision to assess and identify where progress has been made and to develop additional strategies to overcome new barriers and/or changing priorities. 4. The staff provide advocacy to assist and/or connect the survivor in securing a variety of supports or services, including employment, healthcare, food, clothing, or personal care items. CCDOV and partners provide referrals to outside organizations and attend service planning meetings to support participants access and utilization of services to develop a coordinated response to ensuring survivors have access to health services. CCDOV continues to maintain close working relationships with service providers and has established systems and contacts in place for referral and access. 5. The exit plans are developed with the client’s input to ensure that proper support is in place to reduce the likelihood of a return to homelessness if/when challenges arise. Once a client has successfully discharged from the program, at a minimum, staff attempts to conduct three follow-up phone interviews to assess the client’s stability and discuss any issues they may need assistance with to resolve. If the client is struggling, or in need of additional supports, staff continues to provide information and referrals.

| | | |
|--------|---|--|
| 4A-3d. | Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

| | |
|----|--|
| | Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by: |
| 1. | taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors; |
| 2. | making determinations and placements into safe housing; |
| 3. | keeping information and locations confidential; |

| | |
|----|--|
| 4. | training staff on safety and confidentiality policies and practices; and |
| 5. | taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality. |

(limit 2,500 characters)

1. Services are provided at various locations and align with best practices and confidentiality mandates. At each location, staff have a designated space where they can meet with survivors in private to ensure that the confidentiality of the client and the information being shared is maintained. Survivors are interviewed separately from others who might accompany them to the meeting. 2. CCDOV works with the survivors to identify safe housing, with the staff person taking direction from the survivor as to safe locations, housing, and access to services and support networks. Survivors are encouraged to secure housing in areas where police response times are faster. If the unit is in an area where there is an active neighborhood watch committee, the option for the victim to participate is explored, as is the possibility of sharing with the property manager identifying information about the abuser; such actions are up to the survivors' choices. 3. CCDOV and partners ensure that notes and records are accessible and transparent to survivors but not to unauthorized persons. A Release of Information Form is completed whenever verbal or written information is exchanged. Data is input into a secure system that is not accessible by unauthorized persons and physical records are locked up. Locations are also kept confidential, with names and addresses redacted when appropriate. 4. All project staff are required to complete training offered by local DV providers, SPARCC and HOPE, on safety and confidentiality policies and practices. Staff are trained on agency-specific confidentiality policies upon hire with regular refreshers. Training also includes: DV Basics, Marginalized Groups, Children and Victimization, Victim Sensitivity, Court Systems, Advocacy, Community Resources, and Documentation. 5. Housing is scattered site and during housing identification and placement, security measures are considered, including security gates, outside lighting, deadbolt locks, etc.

| | | |
|----------|---|--|
| 4A-3d.1. | Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

CCDOV has extensive experience providing housing to underserved populations and to populations such as survivors of human trafficking where safety and security is of the utmost importance. Many of the current services CCDOV offers serve survivors of abuse. For example, Our Mother’s House provides transitional housing to single mothers who present with a history of trauma, including domestic and sexual violence. In addition, CCDOV’s current emergency shelter located in Sarasota County and various RRH programs across the 10-county service area work with survivors of abuse/trauma providing comprehensive case management services to meet the unique needs of survivors. Case managers work with survivors on safety planning and developing emergency supports. These programs undergo regular monitoring and evaluation from the funder and external evaluators. Should any areas of improvement be identified, the providers protocols call for documenting an improvement plan and implementing the steps as identified. CCDOV also works closely with domestic violence providers SPARCC and HOPE to receive specialized training, review policies and procedures and to implement best practices to ensure the safety of all survivors.

| | | |
|--------|---|--|
| 4A-3e. | Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

| | |
|----|---|
| 1. | prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs; |
| 2. | establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; |
| 4. | emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; |
| 6. | providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |

(limit 5,000 characters)

CCDOV, the project applicant, has extensive experience in using trauma-informed, victim-centered approaches in their past and current programs. These programs include an emergency shelter in the CoC and RRH programs across a 10-county area. 1. CCDOV's programs, following housing first approaches, prioritizing permanent housing placement and stability. These programs offer robust service packages, but all services are voluntary. Program participants' choices are centered in housing identification and placement, as well as service engagement. 2. Trusting mutual relationships are central to healing from trauma. CCDOV's programs do not use punitive interventions but rather are trauma informed. CCDOV recognizes that survivors are experts in their own lives and therefore should have agency/control over decisions. CCDOV provides individualized services to ensure that survivors are heard and not re-traumatized. Providing an emotionally safe, non-judgmental environment avoids further traumatization of survivors, including not mirroring abusive behaviors in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors to excessive and rigid rules. 3. Participants in CCDOV program are provided a wealth of information on domestic and sexual violence, and the types of effects of trauma. Staff emphasize that trauma can stem from experiences that occur over a lifetime, including childhood, intergenerational, community, system-induced, historical, political, and immigration-related trauma. 4. CCDOV's programs are strengths-based. In each case, housing stability plans are created around the survivor's strengths and aspirations. Client centered strengths-based programming is critical to ensure survivors engage in services and remain stably housed. Goals are developed, but each participant defines success. Procedures are developed to be non-intrusive into people's lives, invite participants to have input about services in which they will participate and information they will share, provide clear, consistent information about program expectations, rely on natural consequences as the best teacher, and acknowledge that each person's portfolio of strengths are different. 5. CCDOV maintains an environment where consumers' and employees' similarities and differences are valued. Staff work to remove barriers to meet their clients where they are and work with them to create goals based on their preferences. The agency is committed to working in partnership with other community organizations to develop better policy and practices that address the racial disparities in all social services systems. CCDOV is engaged in implementing best practices within the program that are firmly grounded in inclusion and equity working to counteract ongoing oppression, including racism, heterosexism, discrimination, classism, and the effects of colonialism and eurocentrism, plus how forms of oppression intersect with domestic and sexual violence and other kinds of trauma; how forms of oppression can impede access to resources; and ultimately, incorporating this understanding into the services provided, through the ways that survivors and staff work together, and through systems, policy, and social change work. 6. CCDOV individualizes the way services are delivered in recognition that people are experts in their own lives providing a variety of opportunities for connection for program participants, to include but not limited to: mentoring opportunities, hiring staff with lived experience of homelessness and/or domestic violence, peer-to-peer supports, and access to community organizations to meet their spiritual needs. 7. CCDOV case managers connect survivors to trauma-informed parenting classes, childcare and afterschool care, and connections to legal services consistent with the survivor's needs and preferences.

| | | |
|--------|--|--|
| 4A-3f. | Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(d) | |

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

CCDOV and partners recognize the need for strong partnerships and community involvement to end domestic violence and serve survivors of violence. Staff obtain informed consent through a signed Release of Information for other service providers that the client is connected with to assist in the coordination of such services. This communication ensures non-duplication of services as well as solid communication of all knowing strengths, needs, and progress toward goals. Staff apply a comprehensive strength-based service approach to offer assistance and to help identify additional support services needed such as health and mental health care, substance use disorder treatment, financial assistance, legal services, education, childcare, and employment services. For example, CCDOV works with the Early Learning Coalition to ensure that households have access to affordable childcare and afterschool care for dependent children. CareerSource and Goodwill Job Connection provide employment services to program participants. Survivors who need legal assistance are connected with Legal Aid of Manasota, while CCDOV's behavioral health care partners are First Step and Centerstone. CCDOV can also connect survivors to supportive services for specific needs such as family planning, Veterans services, HIV/AIDs services, and more. Established connections among community agencies are strong and have been recognized by State and Federal program monitors as well as local government. The most common strategy used by staff is to overcome barriers that survivors are faced with, is the strengthening or expanding mutually beneficial relationships among service providers. CCDOV engages local providers in collaboration to ensure coordinated efforts are at the forefront of each initiative. CCDOV understands that not any one issue our community is experiencing exists in an isolated vacuum. Survivors often need the support and assistance from numerous community partner agencies.

| | | |
|--------|--|--|
| 4A-3g. | Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(e) | |

- Describe in the field below examples of how the new project(s) will:
1. prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
 2. establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
 3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
 4. emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;

| | |
|----|--|
| 5. | center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; |
| 6. | provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |

(limit 5,000 characters)

1. CCDOV's new project will follow housing first approaches, prioritizing permanent housing placement and stability. Services will be offered and encouraged but services will be purely voluntary and up to survivor choice and preference. Program participants' choices will be central in housing identification and placement, as well as service engagement. 2. Trusting mutual relationships are central to healing from trauma. This new project will be trauma-informed and not use punitive interventions or based on inappropriate power dynamics. This project will provide individualized services to ensure that survivors are heard and not re-traumatized. Providing an emotionally safe, non-judgmental environment will minimize re-traumatization of survivors; the project is designed to ensure that abusive behaviors are not mirrored in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors to excessive and rigid rules. 3. Participants in this program will be provided information on domestic and sexual violence, and the types of effects of trauma. Staff will emphasize that trauma can stem from experiences that occur over a lifetime, including childhood, intergenerational, community, system-induced, historical, political, and racial and immigration-related trauma. 4. This project will be strengths-based. In each case, survivor-centered plans will be created around their strengths and aspirations. Client-centered strengths based programming is critical to ensure survivors engage in services and remain stably housed. Goals will be developed to contribute to ongoing housing stability, but each participant will define their own measure of success. 5. In this project, as in CCDOV's existing programs, consumers' and employees' similarities and differences will be valued. Staff will work to remove barriers to meet their clients where they are and work with them to create goals based on their preferences. The agency is committed to working in partnership with other community organizations to develop better policy and practices that address the racial disparities in all social services systems. CCDOV will implement best practices within the program that are firmly grounded in inclusion and equity working to counteract ongoing oppression of all kinds, plus how forms of oppression intersect with domestic and sexual violence and other kinds of trauma; how forms of oppression can impede access to resources; and ultimately, incorporating this understanding into the services provided, through the ways that survivors and staff work together, and through systems, policy, and social change work. 6. The project will offer individualized services provision, in recognition that people are experts in their own lives providing a variety of opportunities for connection for program participants, to include but not limited to: mentoring opportunities, hiring staff with lived experience of homelessness and/or domestic violence, peer-to-peer supports, and access to community organizations to meet their spiritual needs. 7. Project case managers will connect survivors to trauma-informed parenting classes, childcare and afterschool care, and connections to legal services consistent with the survivor's needs and preferences.

| | | |
|--------|--|--|
| 4A-3h. | Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(f) | |

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

CCDOV, the project applicant, and the two partner DV providers SPARCC and HOPE, cultivate an environment where the voices of survivors with lived experiences of homelessness are elevated and centered from the moment of service inquiry through intake and exit. The partners fully embrace involving survivors in the design/evaluation/operation of services. Clients will be asked to provide staff with feedback on ideas to improve services through confidential surveys, staff-facilitated meetings, counseling sessions and/or by scheduling an appointment with the program manager and/or Director. The CoC includes members from organizations who have lived experience and/or work with the targeted population. CCDOV, SPARCC and HOPE may have staff impacted (directly/indirectly) by intimate partner violence but recognize that maintaining a survivor's confidentiality is essential to their safety. The status of staff or committee member's trauma history is never disclosed unless self-identified. SPARCC and HOPE have a reputation for elevating victim/survivor voices, needs and challenges, while doing the system advocacy necessary to ensure change, offering an array of emergency services/supports to ensure safety and a successful healing journey. Staff across the CoC recognize, embrace the unique intersectional needs of those most marginalized and oppressed.

In late 2019 and early 2020, the CA had crafted a plan to build out its incorporation of people with lived expertise in a variety of spaces with active engagement in the planning, evaluating, and funding process through workgroups. This plan never made it to the CoC Leadership Council (governing body) because of the COVID outbreak and subsequent response. Additionally, Hurricane Ian last September compounded our community crisis and impacted our capacity and ability to implement this over the past year. We plan to implement this initiative this year; timing will align with project implementation of the awarded DV Bonus to be certain survivor voice is included in policies and procedures and that there is a survivor driven evaluation process in place.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

| Document Type | Required? | Document Description | Date Attached |
|--|-----------|----------------------|---------------|
| 1C-7. PHA Homeless Preference | No | PHA Homeless Pref... | 09/25/2023 |
| 1C-7. PHA Moving On Preference | No | | |
| 1D-11a. Letter Signed by Working Group | Yes | PLE Letter | 09/25/2023 |
| 1D-2a. Housing First Evaluation | Yes | Housing First mon... | 09/25/2023 |
| 1E-1. Web Posting of Local Competition Deadline | Yes | Local competition... | 09/25/2023 |
| 1E-2. Local Competition Scoring Tool | Yes | Scoring Tool | 09/25/2023 |
| 1E-2a. Scored Forms for One Project | Yes | Scored form for o... | 09/25/2023 |
| 1E-5. Notification of Projects Rejected-Reduced | Yes | Notification of r... | 09/25/2023 |
| 1E-5a. Notification of Projects Accepted | Yes | Notification of a... | 09/25/2023 |
| 1E-5b. Local Competition Selection Results | Yes | Local competition... | 09/25/2023 |
| 1E-5c. Web Posting—CoC-Approved Consolidated Application | Yes | Web Posting Appro... | 09/26/2023 |

| | | | |
|--|-----|----------------------|------------|
| 1E-5d. Notification of CoC-Approved Consolidated Application | Yes | Notification of C... | 09/26/2023 |
| 2A-6. HUD's Homeless Data Exchange (HDX) Competition Report | Yes | FY 23 HDX Competi... | 09/25/2023 |
| 3A-1a. Housing Leveraging Commitments | No | | |
| 3A-2a. Healthcare Formal Agreements | No | | |
| 3C-2. Project List for Other Federal Statutes | No | | |
| Other | No | | |

Attachment Details

Document Description: PHA Homeless Preference and Move On Letter

Attachment Details

Document Description:

Attachment Details

Document Description: PLE Letter

Attachment Details

Document Description: Housing First monitoring of a provider project

Attachment Details

Document Description: Local competition deadlines

Attachment Details

Document Description: Scoring Tool

Attachment Details

Document Description: Scored form for one renewal project

Attachment Details

Document Description: Notification of rejected project

Attachment Details

Document Description: Notification of accepted projects

Attachment Details

Document Description: Local competition selection results

Attachment Details

Document Description: Web Posting Approved Application 9.26

Attachment Details

Document Description: Notification of CoC - Approved Consolidated Application

Attachment Details

Document Description: FY 23 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

| Page | Last Updated |
|---|--------------|
| 1A. CoC Identification | 08/03/2023 |
| 1B. Inclusive Structure | 09/25/2023 |
| 1C. Coordination and Engagement | 09/28/2023 |
| 1D. Coordination and Engagement Cont'd | 09/25/2023 |
| 1E. Project Review/Ranking | 09/25/2023 |
| 2A. HMIS Implementation | 09/28/2023 |
| 2B. Point-in-Time (PIT) Count | 09/25/2023 |
| 2C. System Performance | 09/25/2023 |
| 3A. Coordination with Housing and Healthcare | 09/25/2023 |
| 3B. Rehabilitation/New Construction Costs | 09/25/2023 |
| 3C. Serving Homeless Under Other Federal Statutes | 09/25/2023 |

| | |
|--|-------------------|
| 4A. DV Bonus Project Applicants | 09/25/2023 |
| 4B. Attachments Screen | 09/26/2023 |
| Submission Summary | No Input Required |



Tel 941.361.6210

Fax 941.366.4661

TTY 1.800.955.8771

William O. Russell III President & CEO

269 S. Osprey Ave. Sarasota, FL 34236

September 20, 2023

To Whom It May Concern:

I am pleased to provide this letter in response to the FY 2023 CoC Competition that describes our partnership with the lead agency of FL-500, Suncoast Partnership to End Homelessness, and the collaborating agencies within the CoC.

In 2018, Suncoast Partnership and Sarasota Housing Authority (SHA) co-authored the grant application in response to the Mainstream voucher allocations. These were dedicated to operate through the coordinated entry system and to be used for move-on strategies for those in PSH or RRH projects who were no longer in need of intensive case management but still needed the long term financial support provided by a voucher. Referrals for the mainstream vouchers come through Suncoast Partnership. With a subsequent partnership application and automatic allocations from HUD, we have 170 vouchers operating through this partnership.

This past spring, we entered into an MOU for the FYI vouchers to coordinate these vouchers with Safe Children Coalition (our local PCWA) and the youth coordinated entry system. We were awarded 25 Fostering Youth to Independence (FYI) vouchers.

In partnership with the local VA clinic and HUD, SHA has been awarded 125 new VASH vouchers to house homeless veterans in our Community.

All of the EHV allocation went to Suncoast Partnership and Safe Place and Rape Crisis Center to prioritize in conjunction with the Coordinated Entry system and for those needing assistance because they were fleeing, attempting to flee domestic and/or dating violence.

Lastly, since 2015 Sarasota Housing Authority has dedicated housing choice vouchers to those experiencing homelessness as identified through homeless outreach teams in Sarasota. These are set aside through our administrative plan and to date, the Board approved set aside is 60 vouchers. The homeless outreach teams in Sarasota, along with Suncoast Partnership and the other collaborating agencies in the coordinated entry system work together in the implementation of these. Many have been used to create PSH and serve chronically homeless with the Outreach Team case managers ensuring the necessary supportive services are available for long-term stability.

Our community recognizes that the partnership between the housing authority and the CoC is essential in reaching our community's goal of ending homelessness and Sarasota Housing Authority and Suncoast Partnership actively seek new opportunities for collaboration.

Sincerely,

William O. Russell III
President & CEO
Sarasota Housing Authority

WOR/ark

"We are committed to providing quality affordable housing to enhance the lives of our residents and promote independence."





September 8, 2023

To Whom It May Concern:

I have served on the Suncoast CoC Leadership Council representing those with lived homeless experience since 2021. I support the FL-500 CoC application, especially the addition of more rapid rehousing slots to assist with the growing need in our community.

In our 2019-2020 plan we had intended to launch an initiative focused on the authentic incorporation of those with lived expertise into our CoC planning through a workgroup. Unfortunately, COVID, the rapid increase in housing costs in our region that has triggered a real crisis for our area, and capacity issues postponed our progress. The lead agency has re-posted a position to support this effort and this initiative is set to move forward this coming year.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Fagenbaum".

Jennifer Fagenbaum



Housing First Assessment Tool Review

Using 4 sample clients, the reviewer will evaluate the case plans, notes and action steps for each client, and compare what is practiced versus the information submitted in the Housing First Assessment Tool.

Provider Name: The Salvation Army Sarasota

Project Title: Everyone's Home - Rapid Re-Housing Project

Client ID: [REDACTED]

| HOUSING FIRST PERFORMANCE | | Staff Comments |
|---------------------------|--|---|
| 1 | Projects are always low barrier. | Client is a senior with a chronic health condition living outside for 7 months. |
| 2 | Projects never deny assistance for unnecessary reasons. | Client was accepted with no income, no transportation and no family supports. |
| 3 | The provider/project always accepts and makes referrals directly through Coordinated Entry. | This client was referred from the CE By-Name List on 2-16-22 and was opened by agency on 3-2-22. |
| 4 | Exits to homelessness are always avoided. | Client moved into permanent housing on 7-22-22. |
| 5 | Service support is always as important as the housing. | 17 case notes were entered by this agency for this client. Client was connected to one agency for a housing voucher and another agency for furnishings - food and toiletries were also given. |
| 6 | Services are always continued despite change in housing status or placement. | Follow-up case notes are still being entered monthly as of the date of this review, which is 10 months after the client moved into housing. |
| 7 | Participant engagement is always a core component of service delivery. | Case notes indicate that the client participated in the housing voucher process and housing search. |
| 8 | Housing is never dependent on participation in services. | There is no indication that services were dependent upon client actions. |
| 9 | Substance use is never a reason for termination. | Substance use was not an issue for this client. |
| 10 | Provider is always continuously assessing a participant's need for assistance. | Client was assessed by the housing authority for the voucher and then again by the supportive housing program prior to [REDACTED] moving in. This agency seemed to be on top of continued assessment of need. |

Case Reviewed By: Cheryl L Clunk

Date: 5/1/2023



Housing First Assessment Tool Review

Using 4 sample clients, the reviewer will evaluate the case plans, notes and action steps for each client, and compare what is practiced versus the information submitted in the Housing First Assessment Tool.

Provider Name: The Salvation Army Sarasota

Project Title: Everyone's Home - Rapid Re-Housing Project

Client ID: [REDACTED]

| HOUSING FIRST PERFORMANCE | | Staff Comments |
|---------------------------|--|--|
| 1 | Projects are always low barrier. | Client is a [REDACTED] who has been homeless about 2 months after leaving a [REDACTED]. [REDACTED] has been staying outside & at shelter. |
| 2 | Projects never deny assistance for unnecessary reasons. | Client receives limited income of \$814/mo and has multiple disabilities: mental health, chronic physical, and developmental delays. [REDACTED] |
| 3 | The provider/project always accepts and makes referrals directly through Coordinated Entry. | This client was referred from the CE By-Name list on 3-17-22 and was opened by agency on 3-24-22. |
| 4 | Exits to homelessness are always avoided. | Case notes indicate that client was eventually housed with a family member. |
| 5 | Service support is always as important as the housing. | 19 case notes were entered for this client by this agency over a 3 month period of activity. Connections were made by CM's with DCF staff and hospital staff |
| 6 | Services are always continued despite change in housing status or placement. | [REDACTED] and then was re-engaged for services after exiting hospital. Client reunited with boyfriend and agency served them together per [REDACTED] request. Client disengaged after being housed. |
| 7 | Participant engagement is always a core component of service delivery. | Client was expected to engage with DCF [REDACTED], [REDACTED] made little effort to work toward housing stability. |
| 8 | Housing is never dependent on participation in services. | There is no indication that participation was required to receive services. |
| 9 | Substance use is never a reason for termination. | There was no substance use reported but one note showed they had a conversation about taking prescribed meds properly. |
| 10 | Provider is always continuously assessing a participant's need for assistance. | There were multiple case managers involved and other agencies brought in to help with continuous changing situations. |

Case Reviewed By: Cheryl L Clunk

Date: 5/1/2023



Housing First Assessment Tool Review

Using 4 sample clients, the reviewer will evaluate the case plans, notes and action steps for each client, and compare what is practiced versus the information submitted in the Housing First Assessment Tool.

Provider Name: The Salvation Army Sarasota

Project Title: Everyone's Home - Rapid Re-Housing Project

Client ID: ██████████

| HOUSING FIRST PERFORMANCE | | Staff Comments |
|---------------------------|--|---|
| 1 | Projects are always low barrier. | Client is a single ██████ who reported being homeless for over 6 years and living outside with multiple stays at shelters. |
| 2 | Projects never deny assistance for unnecessary reasons. | Client had limited income from day labor jobs (about \$500/mo), mental and physical disabilities, a ██████████, and a criminal history. |
| 3 | The provider/project always accepts and makes referrals directly through Coordinated Entry. | This client was referred from the CE By-Name list on 5-19-22 and was opened by agency on 6-14-22. |
| 4 | Exits to homelessness are always avoided. | Client was housed in a shared rental within a month. |
| 5 | Service support is always as important as the housing. | 8 case notes were entered for this client and is still open as of the date of this review. Bus passes, food and toiletries were regularly given. |
| 6 | Services are always continued despite change in housing status or placement. | Client entered ██████████ during time of being housed under this program and services continued during arrest, court, and program. |
| 7 | Participant engagement is always a core component of service delivery. | Client showed regular engagement with the case manager and they seemed to have a good rapport. |
| 8 | Housing is never dependent on participation in services. | There is no indication that participation was required to receive services. |
| 9 | Substance use is never a reason for termination. | There were no substance use issues reported in this case. |
| 10 | Provider is always continuously assessing a participant's need for assistance. | This client had been referred for RRH several times in previous years to other agencies unsuccessfully. This time seems to still be workign well for the client - ██████ been housed 10 months at this point. |

Case Reviewed By: Cheryl L Clunk

Date: 5/1/2023



Housing First Assessment Tool Review

Using 4 sample clients, the reviewer will evaluate the case plans, notes and action steps for each client, and compare what is practiced versus the information submitted in the Housing First Assessment Tool.

Provider Name: The Salvation Army Sarasota

Project Title: Everyone's Home - Rapid Re-Housing Project

Client ID: [REDACTED]

| HOUSING FIRST PERFORMANCE | | Staff Comments |
|---------------------------|--|---|
| 1 | Projects are always low barrier. | Client is a [REDACTED] that reports being homeless just over a year and was currently staying in shelter. |
| 2 | Projects never deny assistance for unnecessary reasons. | Client has extensive substance use history and related criminal history - in [REDACTED] physical disability were also reported. Some income \$1200/mo. |
| 3 | The provider/project always accepts and makes referrals directly through Coordinated Entry. | This client was referred from the CE By-Name list on 11-22-22 and opened by the agency on 12-9-22. |
| 4 | Exits to homelessness are always avoided. | Client was exited to a residential treatment program on 3-17-23 and is still housed in that program at the time of this review. |
| 5 | Service support is always as important as the housing. | 17 case notes were entered for this client, the street teams program was tried unsuccessfully, transportation was given, prescription cost assistance was given. |
| 6 | Services are always continued despite change in housing status or placement. | The case manager tried multiple ways to serve and eventually helped [REDACTED] to move into a residential treatment program to address [REDACTED] addiction issues prior to doing a housing search. |
| 7 | Participant engagement is always a core component of service delivery. | The client was a willing participant in entering a treatment program and is still engaged to this day a couple of months later. |
| 8 | Housing is never dependent on participation in services. | There is no indication that participation was required to receive services. |
| 9 | Substance use is never a reason for termination. | They served this client with an extensive substance use history. |
| 10 | Provider is always continuously assessing a participant's need for assistance. | There were multiple times where the case manager and client together assessed what was working and not working to create the next step. |

Case Reviewed By: Cheryl L Clunk

Date: 5/1/2023



Other Community Dashboard

[Community Performance](#) [Community Analysis](#) [Community Equity](#) [Community Dynamic](#)

News and Notices:

- **FY 2023 HUD [CoC Competition - RFP](#) - Released August 1st - Applications due August 21, 2023 - 8 p.m.**
- Leadership Council Open Seats - Election at the upcoming CoC meeting - August 7th, 2023
- 2023 RFP Leadership Council [Awarded Projects](#)
- 2023 RFP Scoring Session - [Click for link](#)
- Suncoast RFP application portal is LIVE! Click [here](#) to connect.
- RFP Q&A - Click [here](#) to view

[Previous Notices](#)

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[Training](#)

[Upcoming Meetings](#)

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From: [Tara Booker](#)
Bcc: [Lt. Colonel Michele Matthews](#); [Brenda Downing](#); [Michael Raposa](#); [Thomas Taylor](#); [PJ Brooks](#); [Scott Eller](#); [Taylor Neighbors](#)
Subject: CoC Renewals for FY 2023 Competition
Date: Monday, June 19, 2023 1:57:25 PM
Attachments: [Renewal Evaluations -2023.docx](#)

Greetings!

As you are all aware, CoC NOFO season is looming right around the corner! In the past, our process has been to evaluate the performance of renewal projects along with the Request For Proposals (RFP) for new projects. At the May Leadership Council meeting, we voted to create a better distinction in the evaluation of the renewals and the call for new proposals. This change will allow us to demonstrate a stronger process for evaluating performance to HUD and hopefully, strengthen our application score in that area. It should also simplify the process for current grantees and save you time. We recognize this came without a lot of notice and the Review and Rank Committee has been cognizant of that in determining the criteria and parameters for this year.

The instructions can be found in the attached document and also posted on Suncoast Partnership's website, www.suncoastpartnership.org.

Thank you for your continued dedication to serving Manatee and Sarasota residents who are experiencing homelessness and for your commitment to our community goal of making homelessness rare, brief, and one-time.

🙏

Tara Booker, MNM
Interim Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104



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Continuum of Care

CSIS (HMIS)

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Previous Notices

- 2023 RFP Scoring Session - [Click for link](#)
- Suncoast RFP application portal is LIVE! [Click here to connect.](#)
- RFP Q&A - [Click here to view](#)
- 2023 RFP Information Session- [Click for link](#)
- 2023 Request for Proposals (RFP) -Due July 10, 2023 - [Click to View](#) - Posted 6.23.23
- FY 2023 HUD CoC Renewal Projects Evaluation - [Click to View](#) - Posted 6.23.23

We were remiss in capturing the posting date on the computer back in June when the renewal process occurred. We do maintain a listing of all our postings on our website.

HUD FY 23 CoC Competition – Renewal Grants

In preparation for the FY 2023 CoC Competition, the Review and Rank Committee of the Suncoast CoC Leadership Council will be evaluating performance of existing projects funded through HUD CoC funds.

Currently funded organizations are being asked to:

- A) Email Taylor Neighbors, Suncoast Partnership, taylor@suncoastpartnership.org and indicate whether your organization wishes to renew the current CoC project(s) in the FY 2023 competition by 5:00 pm, June 22nd.
- B) For those who wish to renew, please provide a) documentation that supports at least one draw-down per quarter and b) a brief narrative describing efforts and accomplishments towards last year's CoC NOFO priorities to be considered for bonus points. This information must be submitted to Suncoast Partnership, Taylor Neighbors, taylor@suncoastpartnership.org, by close of business on Monday, June 26th, 2023.

All other information necessary for evaluation purposes will be sourced from system data. Evaluation scores will be provided to the grantees by June 30th, 2023. Renewal grants must score a minimum of **70** in order to be ranked in the FY 2023 competition. Projects who do not meet the renewal threshold will have funding reallocated to the available funds in the CoC Competition Request For Proposals. To support organizations as our community moves to a greater emphasis on project performance in the CoC competition, organizations who do not meet the renewal threshold and have their funds reallocated to the general competition are still able to submit their project through the full RFP process for consideration.

Should there be a disagreement with the score received, organizations may file a grievance by submitting a written statement by 5:00 P.M., July 5th to Tara Booker, tara@suncoastpartnership.org. Grievances can only be filed if the organization believes there is an error in system data, not because there is disagreement with the scoring criteria or based on additional information or subsequent corrections made. The Review and Rank Committee will have up to 5 business days to review any grievances and an additional business day to respond.

| Scoring Rubric – Permanent Supportive Housing | Max Points |
|---|------------|
| Oneby1 Coordinated Entry All project participants came through the Coordinated Entry system – 13 points Agency participates in case conferencing, CoC committees, and other coordinating meetings – 7 points | 20 |
| CSIS/HMIS – System Performance Measures Data Quality – 8 points Data Consistency – 8 points Data Entry Timeliness – 8 points Positive outcomes either at exit or with move in dates during participation –11 points (85% or higher) 75-84 -9 points 65-74 -4 points Less than 65 -0 Total days from project entry to move in date being from 30 to 60 days - 5 points 61- 80 days- 2 points Households with permanent housing at exit remain stably housed at the one-year mark – 10 points Utilization rate per Housing Inventory Chart (HIC) – 80-100% - 10 points 70-79- 5 points Less than 70 – 0 points | 60 |
| HUD Compliance APR submitted and accepted -10 points APR submitted on time -5 points Quarterly drawdown requirement met – 5 points | 20 |
| Bonus Points: Progress on CoC NOFO Priorities Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points | 10 |
| TOTAL POSSIBLE POINTS for PROJECTS | 110 |

Renewal

| Scoring Rubric – Rapid ReHousing and TH/RRH | Max Points |
|--|------------|
| <p>Oneby1 Coordinated Entry All project participants came through the Coordinated Entry system – 13 points Agency participates in case conferencing, CoC committees, and other coordinating meetings – 7 points</p> | 20 |
| <p>CSIS/HMIS – System Performance Measures Data Quality – 8 points Data Consistency – 8 points Data Entry Timeliness – 8 points Positive outcomes either at exit or with move in dates during participation –11 points (85% or higher) 75-84 -9 points 65-74 -4 points Less than 65 -0 Total days from project entry to move in date being from 30 to 60 days - 5 points 61- 80 days- 2 points Households with permanent housing at exit remain stably housed at the one-year mark – 10 points Households have an increase in income from project entry to project exit – 30% or more - 10 points 20-29%- 5 points 15-19 – 2 points Less than 15- 0 points</p> | 60 |
| <p>HUD Compliance APR submitted and accepted -10 points APR submitted on time -5 points Quarterly drawdown requirement met – 5 points</p> | 20 |
| <p>Bonus Points: Progress on CoC NOFO Priorities Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points</p> | 10 |
| <p>TOTAL POSSIBLE POINTS for PROJECTS</p> | 110 |

Attachment 2

| Scoring Rubric – Rapid Rehousing | Max Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|----------|----------|---------------|----------|---|---|---|---|---|---------------|----------|----------|----------|----------|---|---|---|---|---|---------------|---------|---------|----------|---------------|---|---|---|---|---|----|
| <p>Agency Experience and Capacity</p> <p>Applicants demonstrating extensive experience in administering federal, state and/or municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, will receive up to 15 points.</p> | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Project Quality</p> <p>Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following:</p> <p><u>Housing First</u>: Applicants may receive up to 7 points based on the extent to which they demonstrate a housing focused shelter model and have followed/will follow a Housing First Model/Low Barrier approach.</p> <p><u>Collaboration</u>: Projects with specific referenced collaborations that include either MOU’s or other letters of documentation demonstrating collaborative efforts- Up to 3 points.</p> <p><u>Low Barrier</u>: Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive up to 5 points.</p> <p><u>Leveraged Impact</u>: Projects demonstrating that they are scalable relating to the amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 3 points.</p> <p><u>Understanding</u>: Projects demonstrating a clear understanding of the community goals, intended outcomes of rapid rehousing within the community’s homeless crisis response system, use of evidence based and established best practices in service delivery in coordination with the Homeless Crisis Response System will receive up to 7 points.</p> | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CSIS System Performance*</p> <p>Data Quality and Consistency – Up to 5 points</p> <p>Data Entry Timeliness – Up to 5 points</p> <p>Positive outcomes either at exit or with move in dates during participation - Up to 8 points</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">85% or higher</td> <td style="text-align: center;">65 to 84</td> <td style="text-align: center;">45 to 64</td> <td style="text-align: center;">25 to 44</td> <td style="text-align: center;">Below 25</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <p>Total days from project entry to move in date being from 30 to 60 days – 5 points – 61-80 days – 3 points</p> <p>Households with permanent housing exits remain stably housed at the one-year mark – Up to 7 points</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">85% or higher</td> <td style="text-align: center;">75 to 84</td> <td style="text-align: center;">60 to 74</td> <td style="text-align: center;">50 to 59</td> <td style="text-align: center;">Below 50</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <p>Households have an increase in income from project entry to project exit – Up to 5 points</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">30% or higher</td> <td style="text-align: center;">25 -29%</td> <td style="text-align: center;">16 -24%</td> <td style="text-align: center;">10 – 15%</td> <td style="text-align: center;">Less than 10%</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <p>*For organizations who have not entered data into an HMIS and/or have contributed into another HMIS system and do not have the data from that system to support your performance measures, the maximum number of points you can receive in this bracket is 15 (See Appendix B).</p> | 85% or higher | 65 to 84 | 45 to 64 | 25 to 44 | Below 25 | 8 | 7 | 5 | 1 | 0 | 85% or higher | 75 to 84 | 60 to 74 | 50 to 59 | Below 50 | 7 | 6 | 4 | 1 | 0 | 30% or higher | 25 -29% | 16 -24% | 10 – 15% | Less than 10% | 5 | 4 | 3 | 1 | 0 | 35 |
| 85% or higher | 65 to 84 | 45 to 64 | 25 to 44 | Below 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 7 | 5 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85% or higher | 75 to 84 | 60 to 74 | 50 to 59 | Below 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 6 | 4 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30% or higher | 25 -29% | 16 -24% | 10 – 15% | Less than 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 4 | 3 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Oneby1 Coordinated Entry</p> <p>To receive maximum points, applicants must demonstrate and/or clearly show a commitment to working in the CoC’s established Homeless Crisis Response System, Oneby1 Coordinated Entry System, and collaborating with community partners to ensure our goal of effectively ending homelessness.</p> | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>BONUS POINTS</p> <p>Partnership with mental health/healthcare -Up to 5 points</p> <p>Leveraging housing resources per priorities- Up to 5 points</p> | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Tara Booker

From: Kevin Stiff
Sent: Friday, September 1, 2023 4:37 PM
To: Eduardo Gloria
Cc: Cristy King; Tara Booker; Taylor Neighbors; Sandi.Rowland@catholiccharitiesdov.org
Subject: FYI 2023 HUD COC competition

Good evening,

I am pleased to inform you that the Review and Rank Committee has accepted your proposal for rapid rehousing under the DV Bonus.

Your application for rapid rehousing with the CoC Bonus has not been selected.

Your approved application needs to be completed in eSnaps by 4:00 pm on Monday September 18, 2023; the Suncoast Partnership targeted submission date to HUD is Tuesday, September 26, 2023. To complete the eSnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Tara Booker Tara@suncoastpartnership.org if you have any questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Tara Booker, at tara@suncoastpartnership.org and must be received by 3:00 pm on Wednesday, September 6th, 2023. Appeal response deadline is Monday, September 11th, 2023. For more information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Kevin Stiff
Interim Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104



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Tara Booker

From: Tara Booker
Sent: Thursday, July 20, 2023 9:12 PM
To: Scott Eller; PJ Brooks
Subject: FY 2023 CoC Renewals

Good evening,

On behalf of the Review and Ranking Committee, I am pleased to inform you that your renewal projects have been scored and will be ranked in the upcoming FY 2023 CoC Competition. Projects that are able to submit as a renewal are:

| | | |
|---|-----------------|-----------|
| FY22 Suncoast CoC Renewal PSH-RA Combined | FL0673L4H002204 | \$123,318 |
| FY22 Suncoast PSH Bonus Application | FL0950L4H002200 | \$181,387 |

A timeline will be included in the upcoming Request For Proposals, expected to be released on July 31, 2023. As soon as project applications are available within e-snaps, please feel free to begin your renewal project applications. We look forward to working collaboratively on this application with you!

We thank you for your patience as we've worked to adjust and improve our renewal evaluation process and overall strategy for the annual CoC Competition. And thank you for your continual service to our community.

With gratitude,

🌻

Tara Booker, MNM

Interim Chief Executive Officer

Suncoast Partnership to End Homelessness

1750 17th Street/C-1

Sarasota, FL 34234

941-955-8987 x104



[Facebook](#) | [Website](#)

Tara Booker

From: Tara Booker
Sent: Thursday, July 20, 2023 9:07 PM
To: Lt. Colonel Michele Matthews; Brenda Downing
Cc: Niccole Howard; Andrew Brady
Subject: FY 2023 CoC Competition

Good evening,

On behalf of the Review and Ranking Committee, I am pleased to inform you that your renewal projects have been scored and will be ranked in the upcoming FY 2023 CoC Competition. Projects that are able to submit as a renewal are:

| | | |
|------------------------------|-----------------|-----------|
| Everyone's Home 2022 Renewal | FL0671L4H002204 | \$253,995 |
| PSH Bonus 2022 Renewal | FL0833L4H002203 | \$329,289 |
| PSH PLUS 2022 Renewal | FL0877L4H002201 | \$101,577 |

A timeline will be included in the upcoming Request For Proposals, expected to be released on July 31, 2023. As soon as project applications are available within e-snaps, please feel free to begin your renewal project applications. We look forward to working collaboratively on this application with you!

We thank you for your patience as we've worked to adjust and improve our renewal evaluation process and overall strategy for the annual CoC Competition. And thank you for your continual service to our community.

With gratitude,

Tara

Tara Booker, MNM

Interim Chief Executive Officer

Suncoast Partnership to End Homelessness

1750 17th Street/C-1

Sarasota, FL 34234

941-955-8987 x104



From: [Kevin Stiff](#)
To: [Michael Raposa](#)
Cc: [Edi Erb](#); [Shellie Legarsky](#); [Tara Booker](#); [Taylor Neighbors](#)
Subject: FYI 2023 HUD COC competition
Date: Friday, September 1, 2023 4:29:43 PM
Attachments: [Outlook-ikdqgsa5.png](#)

Good evening,

I am pleased to inform you that the Review and Rank Committee has accepted your proposal for rapid rehousing under the CoC Bonus.

Your approved application needs to be completed in eSnaps by 4:00 pm on Monday September 18, 2023; the Suncoast Partnership targeted submission date to HUD is Tuesday, September 26, 2023. To complete the eSnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Tara Booker Tara@suncoastpartnership.org if you have any questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Tara Booker, at tara@suncoastpartnership.org and must be received by 3:00 pm on Wednesday, September 6th, 2023. Appeal response deadline is Monday, September 11th, 2023. For more information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Kevin Stiff
Interim Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987x104



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Tara Booker

From: Kevin Stiff
Sent: Friday, September 1, 2023 4:37 PM
To: Eduardo Gloria
Cc: Cristy King; Tara Booker; Taylor Neighbors; Sandi.Rowland@catholiccharitiesdov.org
Subject: FYI 2023 HUD COC competition

Good evening,

I am pleased to inform you that the Review and Rank Committee has accepted your proposal for rapid rehousing under the DV Bonus.

Your application for rapid rehousing with the CoC Bonus has not been selected.

Your approved application needs to be completed in eSnaps by 4:00 pm on Monday September 18, 2023; the Suncoast Partnership targeted submission date to HUD is Tuesday, September 26, 2023. To complete the eSnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Tara Booker Tara@suncoastpartnership.org if you have any questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Tara Booker, at tara@suncoastpartnership.org and must be received by 3:00 pm on Wednesday, September 6th, 2023. Appeal response deadline is Monday, September 11th, 2023. For more information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Kevin Stiff
Interim Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
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9.1.2023

FY 2023 CoC Priority Listing and Results

Updated 9.23

Updated names 9.23

| | | | | | |
|----------|------------------|-----|---|---|--------------|
| Accepted | unscored | 1 | Suncoast Partnership to End Homelessness, Inc. | HMIS Renewal FY2023 | \$74,575 |
| Accepted | unscored | 2 | Suncoast Partnership to End Homelessness, Inc. | Oneby1 Coordinated Entry FY2023 | \$50,006 |
| Accepted | 1st year renewal | 3 | Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor | FY23 Suncoast PSH Bonus Renewal | \$181,387 |
| Accepted | 105 | 4 | The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County | Everyone's Home 2023 Renewal | \$253,995 |
| Accepted | 100 | 5 | Society of St. Vincent de Paul South Pinellas, Inc. | Returning Home - Suncoast CY 2023 | \$285,730 |
| Accepted | 98 | 6 | The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County | PSH PLUS 2023 Renewal | \$101,577 |
| Accepted | 87 | 7 | Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor | FY23 Suncoast CoC Renewal PSH-RA Combined | \$123,318 |
| Accepted | 98 | 8 | The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County | PSH Bonus 2023 Renewal | \$329,289 |
| Accepted | 89 | 9 | Society of St. Vincent de Paul South Pinellas, Inc. | CoC Bonus RRH | \$278,981.00 |
| Accepted | 84 | 10 | Catholic Charities | DV Bonus | \$398,545.00 |
| Rejected | 85 | N/A | Catholic Charities | CoC Bonus RRH | \$278,981.00 |

From: [Tara Booker](#)
To: [Andrew Brady](#); [Brenda Downing](#); [Lt. Colonel Michele Matthews](#); [PJ Brooks](#); [Scott Eller](#); [Edi Erb](#); [Michael Raposa](#); [Eduardo Gloria](#); [Cristy King](#)
Cc: [Kevin Stiff](#)
Subject: Notification of posting
Date: Tuesday, September 26, 2023 10:12:33 AM

Hello CoC Applicants!

Per the HUD requirement of directly notifying all project applicants that we've posted the approved application, this is your notification! The final LC votes were received this morning.

Thank you for all of your work on this grant and for all the great work you do serving our CoC through these programs.

👋

Tara Booker, MNM
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-961-4729



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We are pleased to announce the approved Manatee/Sarasota (FL-500) application and priority listing for submission in the FY 2023 HUD CoC Competition are posted on our website: www.suncoastpartnership.org.

For comments or questions, please contact Tara Booker - tara@suncoastpartnership.org.

Suncoast Partnership to End Homelessness, Inc. | 1750 17th Street, C-1, Sarasota, FL 34234

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FY 2023 HUD CoC Application

Sent September 26th 2023 at 9:41 am EDT

Subject 2023 HUD CoC Application is posted

2023 HDX Competition Report

PIT Count Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

Total Population PIT Count Data

| | 2020 PIT | 2021 PIT * | 2022 PIT | 2023 PIT |
|---------------------------------------|----------|------------|----------|----------|
| Total Sheltered and Unsheltered Count | 1044 | 889 | 1138 | 1150 |
| Emergency Shelter Total | 429 | 292 | 410 | 393 |
| Safe Haven Total | 0 | 0 | 0 | 0 |
| Transitional Housing Total | 252 | 234 | 214 | 237 |
| Total Sheltered Count | 681 | 526 | 624 | 630 |
| Total Unsheltered Count | 363 | 363 | 514 | 520 |

Chronically Homeless PIT Counts

| | 2020 PIT | 2021 PIT * | 2022 PIT | 2023 PIT |
|---|----------|------------|----------|----------|
| Total Sheltered and Unsheltered Count of Chronically Homeless Persons | 188 | 189 | 255 | 132 |
| Sheltered Count of Chronically Homeless Persons | 71 | 72 | 67 | 55 |
| Unsheltered Count of Chronically Homeless Persons | 117 | 117 | 188 | 77 |

2023 HDX Competition Report

PIT Count Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

Homeless Households with Children PIT Counts

| | 2020 PIT | 2021 PIT * | 2022 PIT | 2023 PIT |
|--|----------|------------|----------|----------|
| Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children | 70 | 61 | 59 | 60 |
| Sheltered Count of Homeless Households with Children | 65 | 56 | 56 | 60 |
| Unsheltered Count of Homeless Households with Children | 5 | 5 | 3 | 0 |

Homeless Veteran PIT Counts

| | 2011 PIT | 2020 PIT | 2021 PIT * | 2022 PIT | 2023 PIT |
|--|----------|----------|------------|----------|----------|
| Total Sheltered and Unsheltered Count of the Number of Homeless Veterans | 64 | 105 | 83 | 103 | 122 |
| Sheltered Count of Homeless Veterans | 23 | 73 | 51 | 67 | 82 |
| Unsheltered Count of Homeless Veterans | 41 | 32 | 32 | 36 | 40 |

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

HMIS Bed Coverage Rates

| Project Type | Total Year-Round, Current Beds | Total Current, Year-Round, HMIS Beds | Total Year-Round, Current, Non-VSP Beds* | HMIS Bed Coverage Rate for Year-Round Beds | Total Year-Round, Current VSP Beds in an HMIS Comparable Database | Total Year-Round, Current, VSP Beds** | HMIS Comparable Bed Coverage Rate for VSP Beds | Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database | HMIS and Comparable Database Coverage Rate |
|--------------|--------------------------------|--------------------------------------|--|--|---|---------------------------------------|--|--|--|
| ES Beds | 518 | 456 | 456 | 100.00% | 0 | 62 | 0.00% | 456 | 88.03% |
| SH Beds | 0 | 0 | 0 | NA | 0 | 0 | NA | 0 | NA |
| TH Beds | 353 | 329 | 353 | 93.20% | 0 | 0 | NA | 329 | 93.20% |
| RRH Beds | 176 | 176 | 176 | 100.00% | 0 | 0 | NA | 176 | 100.00% |
| PSH Beds | 378 | 378 | 378 | 100.00% | 0 | 0 | NA | 378 | 100.00% |
| OPH Beds | 252 | 252 | 252 | 100.00% | 0 | 0 | NA | 252 | 100.00% |
| Total Beds | 1,677 | 1,591 | 1,615 | 98.51% | 0 | 62 | 0.00% | 1,591 | 94.87% |

2023 HDX Competition Report

HIC Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

2023 HDX Competition Report

HIC Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

| Chronically Homeless Bed Counts | 2020 HIC | 2021 HIC | 2022 HIC | 2023 HIC |
|---|----------|----------|----------|----------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC | 356 | 266 | 273 | 273 |

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

| Households with Children | 2020 HIC | 2021 HIC | 2022 HIC | 2023 HIC |
|--|----------|----------|----------|----------|
| RRH units available to serve families on the HIC | 12 | 5 | 13 | 18 |

Rapid Rehousing Beds Dedicated to All Persons

| All Household Types | 2020 HIC | 2021 HIC | 2022 HIC | 2023 HIC |
|--|----------|----------|----------|----------|
| RRH beds available to serve all populations on the HIC | 113 | 72 | 144 | 176 |

2023 HDX Competition Report

HIC Data for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|-------------------------------|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2021 | FY 2022 | Submitted FY 2021 | FY 2022 | Difference | Submitted FY 2021 | FY 2022 | Difference |
| 1.1 Persons in ES and SH | 2628 | 2933 | 39 | 52 | 13 | 14 | 15 | 1 |
| 1.2 Persons in ES, SH, and TH | 3183 | 3536 | 76 | 76 | 0 | 27 | 25 | -2 |

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|--|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2021 | FY 2022 | Submitted FY 2021 | FY 2022 | Difference | Submitted FY 2021 | FY 2022 | Difference |
| 1.1 Persons in ES, SH, and PH (prior to "housing move in") | 2888 | 3113 | 520 | 476 | -44 | 134 | 135 | 1 |
| 1.2 Persons in ES, SH, TH, and PH (prior to "housing move in") | 3586 | 3755 | 527 | 451 | -76 | 154 | 150 | -4 |

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

| | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness from 6 to 12 Months | | Returns to Homelessness from 13 to 24 Months | | Number of Returns in 2 Years | |
|-------------------------------|--|---|--------------|---|--------------|--|--------------|------------------------------|--------------|
| | | FY 2022 | % of Returns | FY 2022 | % of Returns | FY 2022 | % of Returns | FY 2022 | % of Returns |
| Exit was from SO | 46 | 7 | 15% | 1 | 2% | 2 | 4% | 10 | 22% |
| Exit was from ES | 494 | 102 | 21% | 39 | 8% | 34 | 7% | 175 | 35% |
| Exit was from TH | 266 | 27 | 10% | 18 | 7% | 23 | 9% | 68 | 26% |
| Exit was from SH | 0 | 0 | | 0 | | 0 | | 0 | |
| Exit was from PH | 174 | 18 | 10% | 13 | 7% | 11 | 6% | 42 | 24% |
| TOTAL Returns to Homelessness | 980 | 154 | 16% | 71 | 7% | 70 | 7% | 295 | 30% |

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

| | January 2021 PIT Count | January 2022 PIT Count | Difference |
|--|---------------------------|---------------------------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | | 1138 | |
| Emergency Shelter Total | 292 | 410 | 118 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 234 | 214 | -20 |
| Total Sheltered Count | 526 | 624 | 98 |
| Unsheltered Count | | 514 | |

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Unduplicated Total sheltered homeless persons | 3186 | 3664 | 478 |
| Emergency Shelter Total | 2636 | 3058 | 422 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 672 | 747 | 75 |

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|--|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 27 | 25 | -2 |
| Number of adults with increased earned income | 2 | 2 | 0 |
| Percentage of adults who increased earned income | 7% | 8% | 1% |

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 27 | 25 | -2 |
| Number of adults with increased non-employment cash income | 8 | 5 | -3 |
| Percentage of adults who increased non-employment cash income | 30% | 20% | -10% |

Metric 4.3 – Change in total income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 27 | 25 | -2 |
| Number of adults with increased total income | 9 | 7 | -2 |
| Percentage of adults who increased total income | 33% | 28% | -5% |

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|--|-------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 29 | 91 | 62 |
| Number of adults who exited with increased earned income | 1 | 9 | 8 |
| Percentage of adults who increased earned income | 3% | 10% | 7% |

Metric 4.5 – Change in non-employment cash income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 29 | 91 | 62 |
| Number of adults who exited with increased non-employment cash income | 2 | 26 | 24 |
| Percentage of adults who increased non-employment cash income | 7% | 29% | 22% |

Metric 4.6 – Change in total income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 29 | 91 | 62 |
| Number of adults who exited with increased total income | 3 | 34 | 31 |
| Percentage of adults who increased total income | 10% | 37% | 27% |

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Person with entries into ES, SH or TH during the reporting period. | 2943 | 3458 | 515 |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 963 | 941 | -22 |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time) | 1980 | 2517 | 537 |

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

| | Submitted FY 2021 | FY 2022 | Difference |
|--|----------------------|---------|------------|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | 3171 | 3776 | 605 |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 1067 | 1068 | 1 |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.) | 2104 | 2708 | 604 |

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons who exit Street Outreach | 291 | 349 | 58 |
| Of persons above, those who exited to temporary & some institutional destinations | 86 | 77 | -9 |
| Of the persons above, those who exited to permanent housing destinations | 10 | 16 | 6 |
| % Successful exits | 33% | 27% | -6% |

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing | 2740 | 2692 | -48 |
| Of the persons above, those who exited to permanent housing destinations | 541 | 502 | -39 |
| % Successful exits | 20% | 19% | -1% |

Metric 7b.2 – Change in exit to or retention of permanent housing

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons in all PH projects except PH-RRH | 398 | 479 | 81 |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 346 | 438 | 92 |
| % Successful exits/retention | 87% | 91% | 4% |

2023 HDX Competition Report

FY2022 - SysPM Data Quality

FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

| | All ES, SH | | | All TH | | | All PSH, OPH | | | All RRH | | | All Street Outreach | | |
|--|------------------|------------------|--------|------------------|------------------|--------|------------------|------------------|--------|------------------|------------------|--------|---------------------|------------------|--------|
| | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 |
| 1. Number of non-DV Beds on HIC | 461 | 447 | 464 | 387 | 333 | 358 | 524 | 434 | 630 | 113 | 72 | 144 | | | |
| 2. Number of HMIS Beds | 461 | 447 | 464 | 372 | 309 | 334 | 516 | 434 | 630 | 113 | 72 | 144 | | | |
| 3. HMIS Participation Rate from HIC (%) | 100.00 | 100.00 | 100.00 | 96.12 | 92.79 | 93.30 | 98.47 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | | | |
| 4. Unduplicated Persons Served (HMIS) | 2976 | 2682 | 3159 | 776 | 709 | 747 | 500 | 495 | 532 | 365 | 470 | 712 | 284 | 618 | 745 |
| 5. Total Leavers (HMIS) | 2783 | 2459 | 2389 | 570 | 512 | 506 | 126 | 105 | 99 | 191 | 225 | 382 | 223 | 303 | 349 |
| 6. Destination of Don't Know, Refused, or Missing (HMIS) | 127 | 139 | 397 | 81 | 74 | 88 | 6 | 4 | 13 | 0 | 10 | 73 | 5 | 3 | 152 |
| 7. Destination Error Rate (%) | 4.56 | 5.65 | 16.62 | 14.21 | 14.45 | 17.39 | 4.76 | 3.81 | 13.13 | 0.00 | 4.44 | 19.11 | 2.24 | 0.99 | 43.55 |

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

Date of PIT Count

| | Date | Received HUD Waiver |
|-----------------------------------|-----------|---------------------|
| Date CoC Conducted 2023 PIT Count | 1/23/2023 | |

Report Submission Date in HDX

| | Submitted On | Met Deadline |
|-------------------------------|--------------|--------------|
| 2023 PIT Count Submittal Date | 4/25/2023 | Yes |
| 2023 HIC Count Submittal Date | 4/24/2023 | Yes |
| 2022 System PM Submittal Date | 1/11/2023 | Yes |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/21/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0006

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Suncoast Partnership to End Homelessness, Inc.
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 20-2783762
- c. **Unique Entity Identifier:** W72MHJ49Y559

d. Address

- Street 1:** 1750 17th Street, C-1
- Street 2:**
- City:** Sarasota
- County:** Sarasota
- State:** Florida
- Country:** United States
- Zip / Postal Code:** 34234

e. Organizational Unit (optional)

- Department Name:** NA
- Division Name:** NA

f. Name and contact information of person to be contacted on matters involving this application

- Prefix:** Ms.
- First Name:** Taylor
- Middle Name:**
- Last Name:** Neighbors
- Suffix:**
- Title:** Chief Administrative Officer
- Organizational Affiliation:** Suncoast Partnership to End Homelessness, Inc.
- Telephone Number:** (941) 955-8987
- Extension:** 113

Fax Number: (941) 209-5595

Email: Taylor@suncoastpartnership.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HMIS Renewal 2023

16. Congressional District(s):

a. Applicant: FL-016, FL-017
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2023

b. End Date: 05/31/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Suncoast Partnership to End Homelessness, Inc.
Prefix: Ms.
First Name: Tara
Middle Name:
Last Name: Booker
Suffix:
Title: Interim Chief Executive Officer
Organizational Affiliation: Suncoast Partnership to End Homelessness, Inc.
Telephone Number: (941) 955-8987
Extension: 104
Email: tara@suncoastpartnership.org
City: Sarasota
County: Sarasota
State: Florida
Country: United States
Zip/Postal Code: 34234

2. Employer ID Number (EIN): 20-2783762

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$74,575.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|----------------------------|
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$74,575.00 | HMIS |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$50,006.00 | Coordinated Entry |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$108,832.00 | CoC Planning |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Suncoast Partnership to End Homelessness, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

| |
|---|
| X |
|---|

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Suncoast Partnership to End Homelessness, Inc.

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Suncoast Partnership to End Homelessness, Inc.

Street 1: 1750 17th Street, C-1

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34234

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Suncoast Partnership to End Homelessness, Inc.

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. HMIS Standards | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update project detail and budget information as being required.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

We thought we had until the end of August to submit but it was in fact the 29th of August- we submitted it one day late.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0006

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: HMIS Renewal 2023

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The Suncoast Partnership to End Homelessness (SPEH) has successfully administered the HMIS system for its partners in the Continuum of Care for Manatee and Sarasota Counties, Florida for 15 years. The HMIS software that is used for data collection and reporting is Bitfocus Clarity, having changed software systems recently from ServicePoint. In the capacity of HMIS Lead Agency, the Suncoast Partnership oversees system security and licensing; data quality, consistency, and timeliness; all training and support for system users; and data reporting for CoC, ESG, CDBG, CSBG, SSVF and other local projects. Our HMIS team supports more than 200 users with more than 100 projects throughout 2 counties in our CoC.

To best serve these agencies and users, we provide regularly scheduled trainings that include basic and advanced skills, both in person, on-site, and web based. To ensure the highest possible HMIS data, we provide monthly reports that cover HUD Universal Data Element completeness, data entry timeliness, and data consistency. This allows us to monitor for any data entry issues and provide targeted training. Additionally, we provide locally created performance reports that cover measures such as exits to permanent housing, increases in income, returns to homelessness, among other key measures of success. This allows us to identify underperforming projects, to either provide training, discuss project changes, or reconsider funding options.

HMIS staff design custom reports as needed; monitor outcomes and assure timely reporting to HUD. HMIS plays an important role in assuring homelessness in our CoC is rare, brief, and one-time. The HMIS system in our region has continued to expand the use of new modules and features. HMIS is the foundation of the Coordinated Entry process, providing a means to collect, organize, and assess information on persons experiencing homelessness in a uniform fashion using Access Points strategically placed throughout the community. This allows for better coordination of services, utilizing case conferencing, and prioritizing clients for service. The HMIS team works closely with continuum partners, local non-profits, businesses, churches, city, county and state governments to identify priorities and gaps in service for our diverse homeless population. Our HMIS system is now working on developing data sharing and coordination with local hospitals, domestic violence resources and shelters, local jails, and mental health providers while still protecting the privacy of the clients. In addition, we provide information and assistance to State legislators on legislation that allows for more coordination among providers by ensuring that HMIS data is not subject to the State's very liberal public records laws, aligning State with federal law.

4A. HMIS Standards

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Our CoC has an HMIS Committee as a subcommittee of the Leadership Council, the CoC's Governing Board. This Committee reviews the governance and policies related to HMIS, updates as needed, votes on approval, and forwards the updates to the full Leadership Council for final approval.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Suncoast Partnership to End Homelessness, as the HMIS Lead, insures that HMIS implementation meets all privacy and security standards as required.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

The following is an excerpt from the CoC's HMIS Manual: "Each Party shall:

- 1. Use and/or disclose the PHI only as permitted or required by this agreement or as otherwise required by law.
- 2. Report to Sarasota/Manatee Continuum of Care Community Service Information System's Chief Information Officer (the designated "Privacy Officer"), in writing, any use and/or disclosure of the PHI that is not permitted or required by this Agreement within 15 days of the discovery of such unauthorized use and/or disclosure.
- 3. Establish procedures for mitigating any deleterious effects from any improper use and/or disclosure of PHI.

...

- 7. Document disclosures of PHI and information related to such disclosure as would be required in accordance with 45 C.F.R. 164.528, to respond to a request from a client for an accounting of disclosures of PHI.
- 8. Within 45 days of receiving a written request from the other Party, provide such information as requested to permit the Party to respond to a request by a client individual for an accounting of the disclosures of the client's PHI in accordance with 45 C.F.R. 164.528.

...

- 14. Report to Privacy Officer in writing any use or disclosure of the PHI not permitted by this Agreement within five (5) days of Party becoming aware of such use or disclosure.
- 15. Mitigate, to the extent practicable, any harmful effect that is known to Party of a use or disclosure of PHI by Party in violation of this Agreement.
- 16. Maintain the integrity of any PHI transmitted by or received from Party.
- 17. Comply with the Sarasota/Manatee Continuum of Care Community Service Information System policies and procedures with respect to the privacy and security of PHI.
- 18. Within ten (10) days of receipt of a request from the other Party for the amendment of a client's PHI shall, as required by 45 C.F.R. § 164.526, incorporate any such amendments in the PHI; provided, however, that Party has made the determination that the amendment(s) is/are necessary.
- 19. Within ten (10) days of a request by Practice for access to PHI about a client maintained by Practice for access to PHI about a client maintained by Party, shall make available to other Party, or the client to whom such PHI relates or his or her authorized representative as defined in 45 C.F.R. § 164.524.
- 20. Inform the other Party of any changes in the Party's Privacy Notice that the Party provides to clients pursuant to 45 C.F.R. 164.520, and to provide the Party a copy of the Notice currently in use.
- 21. Inform the other Party of any changes in, or withdrawal of, the authorization provided to the Party by clients pursuant to 45 C.F.R. 164.506 or 164.508.
- 22. Breach of PII or HIPAA compliance procedures will follow HHS requirements according to The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414 as listed at: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|------|-------------------------------------|
| HMIS | <input checked="" type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$50,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$50,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | Office of Housing... | \$50,000 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** Office of Housing and Community Development
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$50,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$67,800 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$67,800 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$6,775 |
| 9. HUD funded Sub-total + Admin. Requested | \$74,575 |
| 10. Cash Match (From Screen 6D) | \$50,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$50,000 |
| 13. Total Project Budget for this grant, including Match | \$124,575 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Tara Booker

Date: 09/21/2023

Title: Interim Chief Executive Officer

Applicant Organization: Suncoast Partnership to End Homelessness, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/21/2023 |
| 1B. SF-424 Legal Applicant | 09/21/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/21/2023 |
| 1E. SF-424 Compliance | 09/21/2023 |
| 1F. SF-424 Declaration | 09/21/2023 |
| 1G. HUD 2880 | 09/21/2023 |

| | | |
|------------------------------------|---------|------------|
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|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1H. HUD-50070 | 09/21/2023 |
| 1I. Cert. Lobbying | 09/21/2023 |
| 1J. SF-LLL | 09/21/2023 |
| IK. SF-424B | 09/21/2023 |
| Submission Without Changes | 09/21/2023 |
| Recipient Performance | 09/21/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/21/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/21/2023 |
| 3B. Description | 09/21/2023 |
| 4A. HMIS Standards | 09/21/2023 |
| 6A. Funding Request | 09/21/2023 |
| 6D. Match | 09/21/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7B. Certification | 09/21/2023 |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0830

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Suncoast Partnership to End Homelessness, Inc.
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 20-2783762
- c. **Unique Entity Identifier:** W72MHJ49Y559

d. Address

- Street 1:** 1750 17th Street, C-1
- Street 2:**
- City:** Sarasota
- County:** Sarasota
- State:** Florida
- Country:** United States
- Zip / Postal Code:** 34234

e. Organizational Unit (optional)

- Department Name:** NA
- Division Name:** NA

f. Name and contact information of person to be contacted on matters involving this application

- Prefix:** Ms.
- First Name:** Taylor
- Middle Name:**
- Last Name:** Neighbors
- Suffix:**
- Title:** Chief Administrative Officer
- Organizational Affiliation:** Suncoast Partnership to End Homelessness, Inc.
- Telephone Number:** (941) 955-8987
- Extension:** 113

Fax Number: (941) 209-5595

Email: Taylor@suncoastpartnership.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Entry SSO 2023

16. Congressional District(s):

a. Applicant: FL-016, FL-017
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2023

b. End Date: 05/31/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Suncoast Partnership to End Homelessness, Inc.

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Organizational Affiliation: Suncoast Partnership to End Homelessness, Inc.

Telephone Number: (941) 955-8987

Extension: 104

Email: tara@suncoastpartnership.org

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip/Postal Code: 34234

2. Employer ID Number (EIN): 20-2783762

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$50,006.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|----------------------------|
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$74,575.00 | HMIS |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$50,006.00 | Coordinated Entry |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$108,832.00 | CoC Planning |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Suncoast Partnership to End Homelessness, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|--|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| <p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> | <p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| <p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p> | <p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p> |
| <p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Suncoast Partnership to End Homelessness, Inc.

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Suncoast Partnership to End Homelessness, Inc.

Street 1: 1750 17th Street, C-1

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34234

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Suncoast Partnership to End Homelessness, Inc.

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update project detail and budget as being required.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

We thought we had until the 30th of August, but 29th was the 90 day mark so we were one day late.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

We had a change in leadership and are locked out of eLOCCS. With Interim in the title, they would not allow a currently registered staff person to be the coordinator and certify the other individuals. We have been actively working with our local office and REAC to try and resolve this.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0830

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: Coordinated Entry SSO 2023

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Our community has made significant changes in our homeless crisis response system (HCRS) over the past 4 years. One way was through the implementation of the coordinated entry system (CES) that changed from “no wrong door” to single points of access spread throughout our geographic area and outreach staff to provide mobile Access Point (AP) intakes to accommodate all needs. We have had a Coordinated Entry (CE) project manager on staff at Suncoast Partnership (SP) since the early stages of our system change and have utilized partner agencies to serve as APs for intakes including the VI-SPDAT. Agencies have taken on this responsibility to benefit our community & the people we serve, without necessarily funding additional positions to do so.

One of the areas we identified to strengthen our CES & ensure better triage of clients and connection to the most appropriate services, is with CE intake staff at the lead agency and partnered with service providers to utilize their locations to ensure clients’ access and entry on the Community by-name list. SP has taken a number of steps to provide training and support to agencies including: utilizing Florida Housing Coalition for trainings on trauma-informed care, cultural competency, diversion and motivational interviewing (MI); and SP providing ongoing, personalized training on AP intakes, administering Vi-SPDAT and HMIS accuracy and consistency in data entry. Even with regular support, our CE project manager spends much time reviewing each agency’s assessments because of incorrect or inconsistent data entry that impacts people being matched with the right intervention to resolve their crisis. With dedicated CE intake on SP staff, we can ensure those providing diversion services at the front door and completing CE intake are doing so with the highest of quality work. This has increased efficiencies dramatically in our system and freed up time for the CE project manager to focus on other aspects of the CES. Two of those focuses for the coming year include enhancing coordination with our victim-service providers to better integrate victims of domestic violence and human trafficking into our CES as well as lessening time between referral and RRH/PSH project participation and housing.

The CE intake specialist works under our project manager, and is trained and skilled at MI, cultural competency, proper administration of the Vi-SPDAT, and a trauma-informed approach. They are trained in conflict resolution, mediation, and techniques for empowering through problem-solving conversations to divert those who are appropriate for diversion and EI from entering our HCRS. Correct, consistent, and complete data is a priority of SP and will be a performance measure of this role. We will be using this position as a model/trainer to support agencies providing AP services and continue to look for funding to expand our CE team with SP staff.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |

| | | | |
|------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input checked="" type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

We have eight coordinated entry access points spread throughout our CoC geographic area and three mobile access points available to travel throughout the continuum. Information regarding access points is provided to the community and those experiencing homelessness in a number of ways:

- through 211;
- on resource guides distributed by outreach workers, law enforcement, faith based organizations, drop-in centers, and a mobile clinic;
- through hand-outs and information at community meetings and presentations;
- through our service providers who have all trained those responsible for answering phones to direct people experiencing homelessness to an open access point;
- Suncoast Partnership (Lead Agency) and partner organization's websites;
- through mass email communication updates;
- by word of mouth through those receiving services, outreach workers and teams, law enforcement, hospital staff, and staff at the overnight shelter which also serves as an access point for coordinated entry intake seven days a week;
- through community engagement and successfully partnering with agencies within and outside of the CoC.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

At an access point, initial client needs and wants are determined through their coordinated entry intake and assessment process which includes a discussion with trained staff, a standard assessment that includes the administration of the VI-SPDAT, and a safety plan as needed. The coordinated entry project manager reviews all new intakes from the previous day first thing in the morning and places people on the community by-name list. Those who are literally homeless are triaged utilizing three criteria: length of time they have been homeless, acuity of need based on their VI-SPDAT score, and the date of assessment. The coordinated entry project manager matches each permanent housing opening to a person on the by-name list based on a person's expressed wants, their eligibility for that specific project, and appropriate intervention needs. A referral is then made from the Suncoast Partnership to the project. As this is a client choice system, if the agency who receives the referral engages with the person and they do not want to work with that agency or project, the coordinated entry project manager is notified and the person is placed back on the by-name list in their same position until a new option is located. Weekly case conferencing with community service providers also helps to ensure that all of the relevant information for participants is considered and that they are connected to appropriate available services.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:

Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Structures | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$14,380 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$14,380 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | State of Florida ... | \$14,380 |

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** State of Florida Challenge Funding
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$14,380

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$45,500 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$45,500 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$4,506 |
| 9. HUD funded Sub-total + Admin. Requested | \$50,006 |
| 10. Cash Match (From Screen 6D) | \$14,380 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$14,380 |
| 13. Total Project Budget for this grant, including Match | \$64,386 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501 c 3 Determina... | 09/06/2023 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: 501 c 3 Determination Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Tara Booker

Date: 09/06/2023

Title: Interim Chief Executive Officer

Applicant Organization: Suncoast Partnership to End Homelessness, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/06/2023 |
| 1B. SF-424 Legal Applicant | 09/06/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/06/2023 |
| 1E. SF-424 Compliance | 09/06/2023 |
| 1F. SF-424 Declaration | 09/06/2023 |
| 1G. HUD 2880 | 09/06/2023 |
| 1H. HUD-50070 | 09/06/2023 |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2023 | Page 42 | 09/06/2023 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1I. Cert. Lobbying | 09/06/2023 |
| 1J. SF-LLL | 09/06/2023 |
| IK. SF-424B | 09/06/2023 |
| Submission Without Changes | 09/06/2023 |
| Recipient Performance | 09/06/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/06/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/06/2023 |
| 3B. Description | 09/06/2023 |
| 6A. Funding Request | 09/06/2023 |
| 6D. Match | 09/06/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/06/2023 |
| 7B. Certification | 09/06/2023 |

Date:

JUL 28 2005

SUNCOAST PARTNERSHIP TO END
HOMELESSNESS INC
1445 2ND ST
SARASOTA, FL 34236

Employer Identification Number:
20-2783762
DLN:
17053172012045
Contact Person:
ZENIA LUK ID# 31522
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
JUNE 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
APRIL 27, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
JUNE 30, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/22/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0950

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

b. Employer/Taxpayer Identification Number (EIN/TIN): 65-0869993

c. Unique Entity Identifier: HMBJWPX9JKA1

d. Address

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Phillip

Middle Name:

Last Name: Brooks

Suffix:

Title: COO

Organizational Affiliation: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Telephone Number: (941) 232-2572

Extension:

Fax Number: (941) 366-0033

Email: pj.brooks@caslinc.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: FY23 Suncoast PSH Bonus Renewal

16. Congressional District(s):

a. Applicant: FL-016, FL-017, FL-019, FL-009, FL-010
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2023

b. End Date: 12/31/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Organizational Affiliation: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Telephone Number: (941) 225-2373

Extension:

Email: scott.eller@caslinc.org

City: Sarasota

County:

State: Florida

Country: United States

Zip/Postal Code: 34237

2. Employer ID Number (EIN): 65-0869993

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$181,387.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|---------------------------------------|
| Suncoast Partnership to End Homelessness | PSH | \$100,314.00 | Rental Assistance/Support Services |
| Lee County CoC | PSH | \$272,303.00 | Rental Assistance/Support Services |
| Collier County CoC | PSH | \$69,300.00 | Rental Assistance/Supportive Services |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Julian Eller, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Assisted and Supported Living, Inc.
 d/b/a Renaissance Manor

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

| |
|---|
| X |
|---|

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Name / Title of Authorized Official: Julian Eller, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|-----------|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This is being submitted with minor edits being made to question 3B. description as the option to submit without changes was not an available option.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

The previous year's APR is not yet due at the time of submission.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0950

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: FY23 Suncoast PSH Bonus Renewal

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Community Assisted and Supported Living, Inc. (CASL) requests funding to advance its organizational mission and strategy in Manatee and Sarasota Counties to enable the organization to continue to provide permanent supportive housing to persons with severe and persistent mental illness, many of whom are homeless or are at risk of homelessness. CASL requests rental assistance funds to support existing units, in order to expand access to persons who are chronically homeless. CASL's permanent supportive housing model transitions people directly from a state of homelessness into permanent supportive housing. CASL utilizes HUD's definition of homelessness as it applies to this grant. The key to successful residents is the wrap-around services and collaborations between partnering agencies that CASL provides. CASL's case managers assess each resident to determine specific needs and leverage its case management with other providers' targeted services to ensure housing stability.

A majority of these individuals will also have been diagnosed with a disabling condition. Often, the disabling condition will be a diagnosed severe and persistent mental illness (SPMI) or a substance abuse disorder that does not impair the person's ability to live independently with appropriate support. The mental illness may be schizophrenia paranoid type, schizo-affective affected disorder, bipolar disorder, or other mental illness as diagnosed by a licensed doctor or psychiatrist.

CASL's approach to serving persons who suffer from homelessness is to ensure that there is a comprehensive infrastructure of wrap-around supports and services present to address a person's specific needs. CASL's model has generated a reduction in recidivism in excess of 80% and a reduction of readmission to acute care systems exceeding 90%.

CASL's residents will come through Coordinated Entry from (1) a state of homelessness; (2) an institution or group home; (3) an inpatient psychiatric or forensic hospital or (4) jail. Characteristics traditionally are that persons (1) exhibit a lack of education (2) lack access to community-based services and (3) lack employment and employable skills; all of which are often a shared experience among persons that CASL serves. These individuals require financial assistance and support to meet their most basic needs.

In CASL's experience with this population demographic, greater than 99% of persons served by CASL attain either employment or social security benefits. Of that number, on average 20% attain either a full- or part-time job. The income of residents who are coming from homelessness into CASL's residences will attain on average upwards of \$12,000 per year. To date, 98% of the persons that have been assisted by our SOAR-trained case management staff to apply for their SSI/SSDI benefits have been awarded in six months or less.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |

| | | | |
|------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? DedicatedPLUS
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.

| Supportive Services | | Provider | Frequency |
|--|--|-------------|-----------|
| Assessment of Service Needs | | Applicant | As needed |
| Assistance with Moving Costs | | Non-Partner | As needed |
| Case Management | | Applicant | As needed |
| Child Care | | Non-Partner | As needed |
| Education Services | | Non-Partner | As needed |
| Employment Assistance and Job Training | | Partner | As needed |
| Food | | Partner | As needed |
| Housing Search and Counseling Services | | Partner | As needed |
| Legal Services | | Non-Partner | As needed |
| Life Skills Training | | Applicant | As needed |
| Mental Health Services | | Partner | As needed |
| Outpatient Health Services | | Partner | As needed |
| Outreach Services | | Applicant | As needed |
| Substance Abuse Treatment Services | | Partner | As needed |
| Transportation | | Applicant | As needed |
| Utility Deposits | | Non-Partner | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 12

Total Beds: 19

Total Dedicated CH Beds: 19

| Housing Type | Housing Type (JOINT) | Units | Beds |
|----------------------|----------------------|-------|------|
| Clustered apartments | --- | 12 | 19 |

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 12

b. **Beds:** 19

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 19

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2901 Fruitville Rd

Street 2:

City: Sarasota

State: Florida

ZIP Code: 34237

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

129115 Sarasota County, 129081 Manatee County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | | 19 | | 19 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | | 15 | | 15 |
| Persons ages 18-24 | | 4 | | 4 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 19 | 0 | 19 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 15 | | | 5 | | 10 | | | | |
| Persons ages 18-24 | 4 | | | 2 | | 2 | | | | |
| Total Persons | 19 | 0 | 0 | 7 | 0 | 12 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|--------------------------------------|-----------|
| Total Request for Grant Term: | \$181,200 |
| Total Units: | 12 |

The number of beds for which funding has been requested in the Rental Assistance budget is 19.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| PRA | FL - North Port-Sarasota-Bradenton, F... | 12 | \$181,200 |

Rental Assistance Budget Detail

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)



Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO | x | \$690 | \$690 | x 12 = | \$0 |
| 0 Bedroom | x | \$920 | \$920 | x 12 = | \$0 |
| 1 Bedroom | 5 x | \$1,081 | \$1,081 | x 12 = | \$64,860 |
| 2 Bedrooms | 7 x | \$1,385 | \$1,385 | x 12 = | \$116,340 |
| 3 Bedrooms | x | \$1,835 | \$1,835 | x 12 = | \$0 |
| 4 Bedrooms | x | \$2,185 | \$2,185 | x 12 = | \$0 |
| 5 Bedrooms | x | \$2,513 | \$2,513 | x 12 = | \$0 |
| 6 Bedrooms | x | \$2,841 | \$2,841 | x 12 = | \$0 |
| 7 Bedrooms | x | \$3,168 | \$3,168 | x 12 = | \$0 |
| 8 Bedrooms | x | \$3,496 | \$3,496 | x 12 = | \$0 |
| 9 Bedrooms | x | \$3,824 | \$3,824 | x 12 = | \$0 |
| Total Units and Annual Assistance Requested | | 12 | | | \$181,200 |
| Grant Term | | | | | 1 Year |
| Total Request for Grant Term | | | | | \$181,200 |

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|-----------|
| Total Value of Cash Commitments: | \$100,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$100,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------|----------------------|
| Cash | Government | CFBHN QG041-21 | \$100,000 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** CFBHN QG041-21
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$100,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$181,200 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$181,200 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$187 |
| 9. HUD funded Sub-total + Admin. Requested | \$181,387 |
| 10. Cash Match (From Screen 6D) | \$100,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$100,000 |
| 13. Total Project Budget for this grant, including Match | \$281,387 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | FY23 Suncoast Mat... | 08/08/2023 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description: FY23 Suncoast Match Letter

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Julian Eller

Date: 09/22/2023

Title: CEO

Applicant Organization: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

| |
|---|
| X |
|---|

8B Submission Summary

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/21/2023 |
| 1B. SF-424 Legal Applicant | 09/21/2023 |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2023 | Page 50 | 09/26/2023 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/21/2023 |
| 1E. SF-424 Compliance | 09/21/2023 |
| 1F. SF-424 Declaration | 09/21/2023 |
| 1G. HUD 2880 | 09/21/2023 |
| 1H. HUD-50070 | 09/21/2023 |
| 1I. Cert. Lobbying | 09/21/2023 |
| 1J. SF-LLL | 09/21/2023 |
| IK. SF-424B | 09/21/2023 |
| Submission Without Changes | 09/21/2023 |
| Recipient Performance | 09/21/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/21/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/21/2023 |
| 3B. Description | 09/21/2023 |
| 3C. Dedicated Plus | 09/21/2023 |
| 4A. Services | 09/21/2023 |
| 4B. Housing Type | 09/21/2023 |
| 5A. Households | 09/21/2023 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/21/2023 |
| 6C. Rental Assistance | 09/21/2023 |
| 6D. Match | 09/21/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/21/2023 |
| 7B. Certification | 09/21/2023 |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/11/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0671

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-0660607

c. Unique Entity Identifier: CASLDMECCMS7

d. Address

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

e. Organizational Unit (optional)

Department Name: Sarasota County Area Command

Division Name: Florida Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Brady

Suffix:

Title: Director of Program Services

Organizational Affiliation: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1319

Fax Number: (941) 954-4645

Email: andrew.brady@uss.salvationarmy.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Everyone's Home 2023 Renewal

16. Congressional District(s):

a. Applicant: FL-016, FL-017
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2024

b. End Date: 01/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Prefix:

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Organizational Affiliation: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1101

Email: michele.matthews@uss.salvationarmy.org

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip/Postal Code: 34236

2. Employer ID Number (EIN): 58-0660607

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$253,995.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|---|
| DCF/Suncoast Partnership to End Homelessness, Sarasota, FL | Challenge Grant | \$95,100.00 | Homeless Diversion/Early Intervention/Bridge Bed |
| HHS/FL/DEO/Sarasota County Govt., Sarasota, FL | CSBG | \$201,457.00 | Employability/Self Sufficiency/Transitional Housing |
| FEMA/FL/Glasser-Schoenbaum Human Services Center, Sarasota, FL | EFSP | \$223,659.00 | Shelter Operations/Financial Assistance/Food |
| HHS/FL/DEO, Tallahassee, FL | LIHEAP | \$1,186,888.00 | Home Energy/Sustainability |
| HHS/FL/DEO, Tallahassee, FL | LIHWAP | \$167,853.00 | Home Water/Sustainability |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. | <p>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> |
| b. | <p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. |
| c. | <p>Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> |
| d. | <p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |
| e. | <p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| f. | <p>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| g. | <p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The "Submit without Changes" process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Yes - Individual Application in a Renewal Grant Consolidation" on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a "Yes - Stand-Alone Renewal Application in a New Grant Expansion" project application.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

No major changes to this renewal were made.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

We didn't have access to eLOCCS from Jan 2023 to July 2023 due to staff turnover and technical issues, etc. All has been resolved now and we are pulling down funds monthly.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

There was \$4,508.25 remaining at the close of Everyone's Home 2021 (FL0671L4H002103). The remaining balance is not an indicator of need but more about staff transitions, building renovations, and the current housing market.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0671

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: Everyone's Home 2023 Renewal

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Everyone's Home 2019 is a rapid rehousing (RRH) renewal project for moving homeless families and individuals in Manatee and Sarasota Counties into permanent housing (PH) as quickly as possible, including chronically homeless, youth ages 18 to 24, victims of domestic violence and persons presenting with substance abuse and/or mental illness. This project rapidly rehuses and provides rental assistance for up to 12 months to at least five families and five individuals, totaling 18 people. The project focuses on housing placement, housing stability, income increases, and accessing mainstream benefits. Our case managers (CMs), Program Coordinator (PC), and many community partners work together to offer extensive supportive services to participants. We offer a bridge bed in our emergency shelter to participants while the participant is assisted every step of the way by the CM and HC to obtain housing. The CM works with the participant to establish a client-centered plan, including safety planning and accessing medical care, mental health treatment, life skills training, budgeting, educational opportunities, employment, insurance, Medicare/Medicaid, Social Security and food benefits. Our staff assist participants with moving into their new home, such as with move-in costs, the physical move, and the provision of furniture. The CM conducts follow-up visits, and regularly offers voluntary wraparound services. The CM and HC continue to work with the participant and Landlord to help ensure housing stability. Key evidence-based practices employed are progressive engagement, harm reduction, trauma-informed care and motivational interviewing.

When we originally submitted the application for this project in 2017, there was uncertainty about a coordinated entry system (CES) and if one would be implemented in the future. We referenced this system, "Oneby1," in the narrative of our FY2017 applications. Today, we are operating in the context of a functioning Oneby1 CES in which we accept participants referred by the CoC per the prioritized by-name list. We accept referrals through HMIS, with a focus on clients identified as high acuity, and thus clients who often have many complex barriers. Our CoC and our community have made immense strides in improving service delivery by committing to a CES in which the most in need are prioritized. However, we were not necessarily prepared for the high acuity participants referred to our RRH projects, who are more appropriate for permanent supportive housing (PSH) housing interventions. We have a shortage of PSH in our community and we are working on that. All this being said, the configuration of units and participants represented by this project was designed to fit the needs of the participants before the Oneby1 was working. Therefore, we may seek to amend this Project in the future to serve less people with more services.

We continue to strive to build collaborations within our CoC community. One such collaboration securely in place is a partnership with Centerstone Mental Health, who teams with our program to offer MH and D&A services along with our service offerings in the home setting. Towards that end, we are in the process of two additional collaborations with our CoC's Domestic Violence service providers, Hope Family Services, and SPARCC. Our goal is to formulate a close and responsive collaborative where the needs of both agency participants can be served in a thoughtful and more encompassing way

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

| Supportive Services | Provider | Frequency |
|--|-----------|-----------|
| Assessment of Service Needs | Applicant | Daily |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Daily |
| Child Care | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | Daily |
| Legal Services | Partner | As needed |
| Life Skills Training | Partner | As needed |
| Mental Health Services | Partner | Weekly |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Applicant | Daily |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10

Total Beds: 18

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 10 | 18 |

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 10

b. Beds: 18

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1400 10th Street

Street 2:

City: Sarasota

State: Florida

ZIP Code: 34236

**4. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129115 Sarasota County, 120270 Bradenton,
129081 Manatee County, 122766 Sarasota

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 5 | 5 | | 10 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | 3 | 2 | | 5 |
| Persons ages 18-24 | 2 | 3 | | 5 |
| Accompanied Children under age 18 | 8 | | | 8 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 13 | 5 | 0 | 18 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | 1 | 1 | 1 | |
| Persons ages 18-24 | | | | 1 | | | 1 | | | |
| Children under age 18 | | | | | | 1 | | 1 | 1 | 5 |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 2 | 2 | 5 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 2 | | | 1 | | 1 | | | | |
| Persons ages 18-24 | | | | 1 | | | 1 | | | 1 |
| Total Persons | 2 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 1 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Adults ages 18-24 in Households without children can be considered unaccompanied youth over 18. Unaccompanied youth that do not fall under any of the subpopulations above typically do not present as persons listed by the subpopulations. The unaccompanied youth typically do not fit into the chronically homeless subpopulation by definition but are literally homeless at least once in one year.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|---|
| Rental Assistance | X |
| Supportive Services | X |
| HMIS | |
| VAWA | X |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$154,896 |
| Total Units: | 10 |

The number of beds for which funding has been requested in the Rental Assistance budget is 17.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 10 | \$154,896 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) | |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|-----------|
| SRO | | \$690 | \$690 | 12 | \$0 | |
| 0 Bedroom | 2 | \$920 | \$920 | 12 | \$22,080 | |
| 1 Bedroom | 3 | \$1,081 | \$1,081 | 12 | \$38,916 | |
| 2 Bedrooms | 3 | \$1,385 | \$1,385 | 12 | \$49,860 | |
| 3 Bedrooms | 2 | \$1,835 | \$1,835 | 12 | \$44,040 | |
| 4 Bedrooms | | \$2,185 | \$2,185 | 12 | \$0 | |
| 5 Bedrooms | | \$2,513 | \$2,513 | 12 | \$0 | |
| 6 Bedrooms | | \$2,841 | \$2,841 | 12 | \$0 | |
| 7 Bedrooms | | \$3,168 | \$3,168 | 12 | \$0 | |
| 8 Bedrooms | | \$3,496 | \$3,496 | 12 | \$0 | |
| 9 Bedrooms | | \$3,824 | \$3,824 | 12 | \$0 | |
| Total Units and Annual Assistance Requested | | | | | 10 | \$154,896 |
| Grant Term | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | \$154,896 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$63,499 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$63,499 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|----------------------|----------------------|
| Cash | Private | The Salvation Arm... | \$63,499 |

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** The Salvation Army general operating funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$63,499

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$154,896 |
| 3. Supportive Services (Enter) | \$88,692 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Sub-total of CoC Program Costs Requested | \$243,588 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$10,407 |
| 9. HUD funded Sub-total + Admin. Requested | \$253,995 |
| 10. Cash Match (From Screen 6D) | \$63,499 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$63,499 |
| 13. Total Project Budget for this grant, including Match | \$317,494 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | IRS Determination... | 10/27/2021 |
| 2) Other Attachment | No | Match Letter | 09/19/2022 |
| 3) Other Attachment | No | MOUs combined | 09/19/2022 |

Attachment Details

Document Description: IRS Determination Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: MOUs combined

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (expires 01/31/2026))

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Michele Matthews

Date: 09/11/2023

Title: Area Commander/CEO

Applicant Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

PHA Number (For PHA Applicants Only):

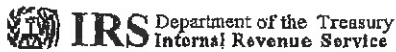
I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/24/2023 |
| 1B. SF-424 Legal Applicant | 08/24/2023 |
| 1C. SF-424 Application Details | No Input Required |

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/06/2023 |
| 1E. SF-424 Compliance | 08/24/2023 |
| 1F. SF-424 Declaration | 09/06/2023 |
| 1G. HUD 2880 | 09/06/2023 |
| 1H. HUD-50070 | 09/06/2023 |
| 1I. Cert. Lobbying | 09/06/2023 |
| 1J. SF-LLL | 09/06/2023 |
| IK. SF-424B | 09/06/2023 |
| Submission Without Changes | 09/07/2023 |
| Recipient Performance | 09/07/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/06/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/06/2023 |
| 3B. Description | 08/24/2023 |
| 4A. Services | 08/24/2023 |
| 4B. Housing Type | 08/24/2023 |
| 5A. Households | 08/24/2023 |
| 5B. Subpopulations | 08/24/2023 |
| 6A. Funding Request | 09/06/2023 |
| 6C. Rental Assistance | 08/24/2023 |
| 6D. Match | 08/24/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/24/2023 |
| 7B. Certification | 09/06/2023 |



CINCINNATI OH 45999-0038

In reply refer to: 0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00

00013274
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329



005202

Employer ID number: 58-0660607
Form 990 required: No

Dear Taxpayer:

We're responding to your request dated July 22, 2020, about your tax-exempt status.

We issued you a determination letter in November 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00
00013275

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1



**DOING THE
MOST GOOD**
SARASOTA COUNTY

William Booth, *Founder*
Brian Peddle, *General*
Commissioner Willis Howell, *Territorial Commander*
Lt. Colonel Kenneth Luyk, *Divisional Commander*
Lt. Colonel Michele Matthews, *Area Commander*

September 19, 2022

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Attn: Kevin P. Chung
400 West Bay Street, Suite 1015
Jacksonville, FL 32202

Re: Match Funding for HUD FY2022 CoC Program Renewal Grant FL0671L4H002103,
"Everyone's Home" Rapid Rehousing Project

To Whom it May Concern:

This letter serves as documentation for a Match commitment by the Salvation Army of Sarasota County toward the renewal of the stated HUD CoC Program Grant, FL0671L4H002103, "Everyone's Home" Rapid Rehousing Project (current e-snaps application project 202150).

We, The Salvation Army of Sarasota County, will commit \$\$63,499 from our general operating funds as Match funding. We pledge to match these funds during the expected 12-month grant period of February 1, 2023 to January 31, 2024.

We are grateful for the opportunity to continue to serve the community through the HUD-CoC Grant program.

Thank you,

Michele Matthews
Lt. Colonel
The Salvation Army of Sarasota County

** First two MOU's are currently in the process of agency approval and signatures. This file contains three MOU's, two Domestic Violence Providers and one MH provider.

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Safe Place and Rape Crisis Center (SPARCC) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and SPARCC, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and SPARCC to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide SPARCC staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with SPARCC representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to SPARCC when deemed beneficial for consideration.
- Provide referral opportunities for SPARCC program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

SPARCC Agrees to:

- SPARCC will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. SPARCC will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- SPARCC will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by SPARCC workers, SPARCC will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: SPARCC staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; SPARCC staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Safe Place and Rape Crisis Center shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by SPARCC staff, SPARCC will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by SPARCC staff.

Responsibility for Supplies: SPARCC is responsible for the provision of all supplies needed for SPARCC staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: SPARCC and TSA are independent entities. Employees of SPARCC are not employees of TSA and employees of TSA are not employees of SPARCC.

Insurance Responsibilities: SPARCC will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. ***General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.***

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

SPARCC

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Hope Family Services (HFS) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and HFS, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and HFS to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide HFS staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with HFS representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to HFS when deemed beneficial for consideration.
- Provide referral opportunities for HFS program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

HFS Agrees to:

- HFS will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. HFS will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- HFS will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by HFS workers, HFS will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: HFS staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; HFS staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Hope Family Services shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by HFS staff, HFS will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by HFS staff.

Responsibility for Supplies: HFS is responsible for the provision of all supplies needed for HFS staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: HFS and TSA are independent entities. Employees of HFS are not employees of TSA and employees of TSA are not employees of HFS.

Insurance Responsibilities: HFS will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

Hope Family Services

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County, FL (“TSA”) and Centerstone of Florida, Bradenton, FL (CENTERSTONE) for a
HOUSING-FOCUSED COLLABORATION

Location:

The Salvation Army Center of Hope
1400 10th Street
Sarasota, FL 34236

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and CENTERSTONE, the PARTIES, for collaboration in community. This AGREEMENT is to express an understanding between PARTIES who seek to work together to provide collaborative services for homeless participants and formerly homeless participants, for whom joint advocacy and support is beneficial to both the PARTIES and the participants.

Participants: Participants are defined as the following: Individuals identified by TSA through the Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) Programs who are referred specifically to CENTERSTONE and are found appropriate for Centerstone’s “Connections” services, described below. Participants must meet TSA’s standard eligibility requirements and follow TSA’s Program requirements towards sustainability and housing placement as outlined by both federal and Continuum of Care policies.

Goals of Agreement: Individual and shared goals will be accomplished by the PARTIES undertaking the following Agreements in the interest of mutual clients.

CENTERSTONE agrees to:

- Review participants referred by TSA for possible inclusion in the Connections program, which provides outreach and housing navigation using a “housing first” approach that focuses on providing housing as a top priority without precondition or service participation requirements in addition to evidence-based treatment, access to federal income supports, individualized substance abuse treatment and planning, and more.
- Provide intensive case management services to participants by way of a credentialed team comprised of a Program Manager, Case Manager, and other relevant Connections staff. Case management services include but are not limited to mental health services, substance use services, co-occurring disorder services, and life skills education.
- Ensure participants have access to medications and outpatient treatment.
- Ensure CENTERSTONE Connections Clinical Team continues to work with TSA Case Managers for the benefit of the participant.
- Reinforce TSA goals as developed and implemented by the TSA RRH/PSH team.
- Effectively communicate known or developing issues or concerns to the TSA RRH/PSH team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into each participant’s client profile in the Community Services Information System (CSIS) as required.
- Be solely responsible for employment and supervision of CENTERSTONE staff.
- Be solely responsible for salary and benefits of CENTERSTONE staff.
- Provide office space, technology, and storage space needed for CENTERSTONE staff to perform duties.

TSA agrees to:

- Provide housing first, low barrier RRH/PSH services to participants referred through the Coordinated Entry System.
- Provide Intensive Case Management services to participants by way of a strength-based model comprised of Program Managers, Case Managers, and other relevant RRH/PSH staff. Case Management services include but are not limited to rehousing, employment assistance, budgeting, life skills training, case planning towards sustainability, and advocacy.
- Provide rental assistance funding for participants who are engaged in services and continue to meet the requirements of the RRH/PSH program as established by TSA.
- Ensure TSA RRH/PSH team continues to work with CENTERSTONE Connections Team Case Managers for the benefit of the participant.
- Reinforce CENTERSTONE goals as developed and implemented by the CENTERSTONE Connections team.
- Effectively communicate known or developing issues or concerns to the CENTERSTONE Connections Team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into participant's client profile in as required.
- Be solely responsible for employment and supervision of TSA staff.
- Be solely responsible for salary and benefits of TSA staff.
- Provide office space, technology, and storage space needed for TSA staff to perform duties.

Additional Provisions:

- CENTERSTONE and TSA reserve the right to enter into arrangements with other providers, whether for the same or similar services, if such PARTY deems it necessary in relation to programmatic or participant needs.

Compensation: This Agreement formalizes a cooperative agreement for making referrals to and providing services to mutual clients/patients. There will be no compensation or payment to either party by the other under this agreement.

Specific Dates and Times of Usage: CENTERSTONE staff will typically work within the following time window and will therefore have access to the above TSA facility for the following times of usage: Monday through Friday, 7:00 a.m. to 5:00 p.m.; CENTERSTONE staff will also have access to the above TSA facility as needed per approval of the TSA Director of Planning & Programs in order to access partnership participants and perform functions related to the Housing Collaboration. Most services provided by CENTERSTONE and TSA will be conducted in the community and/or, for those clients who have moved into permanent housing via the RRH or PSH Program, in a participant's dwelling.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

Confidentiality: As applicable, both providers will abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, and any other applicable federal or state laws pertaining to confidentiality of client records. Only with a signed release of information may the parties share client information.

Property: While the premises are used by CENTERSTONE staff, CENTERSTONE will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by CENTERSTONE staff.

Responsibility for Supplies: CENTERSTONE is responsible for the provision of all supplies needed for CENTERSTONE staff to perform duties.

Storage Space: CENTERSTONE is responsible for the provision of storage space needed for CENTERSTONE staff to perform duties.

Relationship: Both PARTIES understand this AGREEMENT does not create a landlord/tenant relationship.

Entities: CENTERSTONE and TSA are independent entities. Employees of CENTERSTONE are not employees of TSA and employees of TSA are not employees of CENTERSTONE.

Insurance Responsibilities: CENTERSTONE will provide evidence of insurance including General Liability, Workers' Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2021 to September 30, 2023.**

Authorized Signatures


CENTERSTONE OF FLORIDA, BRADENTON, FL

Melissa Larkin-Skinner

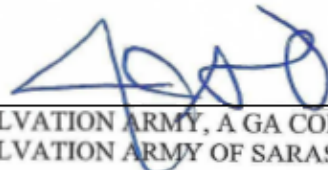
Print Name

CEO

Title

9/30/21

Date


THE SALVATION ARMY, A GA CORPORATION, FOR
THE SALVATION ARMY OF SARASOTA COUNTY, FL

JAMES K. SEILER

Print Name

TREASURER

Title

OCT 18 2021

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

- 1. Type of Submission: Application
- 2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/21/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0831

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. **Legal Name:** Society of St. Vincent de Paul South Pinellas, Inc.

b. **Employer/Taxpayer Identification Number (EIN/TIN):** 59-2380770

c. **Unique Entity Identifier:** U5XLSCJJP9A6

d. Address

Street 1: 384 15th Street North

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33705-2016

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Edi

Middle Name:

Last Name: Erb

Suffix: MSW

Title: Chief of Compliance

Organizational Affiliation: Society of St. Vincent de Paul South Pinellas, Inc.

Telephone Number: (727) 201-9871

Extension:

Fax Number: (727) 821-6244

Email: edi@svdp.care

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Returning Home - Suncoast CY 2022

16. Congressional District(s):

a. Applicant: FL-014
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2025

b. End Date: 12/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Telephone Number: (727) 954-7990
(Format: 123-456-7890)

Fax Number: (727) 821-6244
(Format: 123-456-7890)

Email: michael@svdp.care

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Society of St. Vincent de Paul South Pinellas, Inc.

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Society of St. Vincent de Paul South Pinellas, Inc.

Telephone Number: (727) 954-7990

Extension:

Email: michael@svdp.care

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip/Postal Code: 33705-2016

2. Employer ID Number (EIN): 59-2380770

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$285,730.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|---|
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$136,000.00 | Services and rental assistance for Eligible Households (Polk County) |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$131,500.00 | Services and rental assistance for eligible households in Pasco County |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$49,600.00 | Services and rental assistance for eligible households in Mid FL Counties |

| | | | |
|---|-------|--------------|---|
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$62,030.00 | Services and rental assistance for eligible households in Pinellas County |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$158,105.00 | Services and rental assistance for eligible households in Lower South Side of Bay Pines |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Michael Raposa, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Society of St. Vincent de Paul South Pinellas, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Telephone Number: (727) 954-7990
(Format: 123-456-7890)

Fax Number: (727) 821-6244
(Format: 123-456-7890)

Email: michael@svdp.care

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Society of St. Vincent de Paul South Pinellas, Inc.

Name / Title of Authorized Official: Michael Raposa, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Society of St. Vincent de Paul South Pinellas, Inc.

Street 1: 384 15th Street North

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33705-2016

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Telephone Number: (727) 954-7990
(Format: 123-456-7890)

Fax Number: (727) 821-6244
(Format: 123-456-7890)

Email: michael@svdp.care

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Society of St. Vincent de Paul South Pinellas, Inc.

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |

7B. Certification



You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3A - No changes
- 3B - To more accurately describe the project consistent with the instructions
- 4A - Update the current status of MOUs - working on developing written agreements
- 6A - No changes
- 6C - Selected by mistake. No changes
- 6D - No changes
- 6E - Allocated a small amount for VAWA
- Part 7 - No changes

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

- 1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
- 2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
- 3. Do you draw funds quarterly for your current renewal project? Yes
- 4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

This grant was operating while the public health emergency was still in effect. While we were able to spend the majority of the funds, an estimated 7.3% of the awarded funds (\$19,979.94) were not utilized because of challenges we faced locating landlords willing to work with tenants with multiple barriers, increased rental rates that were often not rent reasonable or beyond what a client was going to be able to afford when the assistance ended based on reasonable income assumptions, staff turnover, and clients who were more challenging to engage.

We never stopped providing services. We continued providing housing-based services and face-to-face contact with clients throughout the public health emergency after taking the necessary precautions and providing masks and other hygiene supplies. Engaging clients during this period required increased efforts as clients were less willing to engage in services when they were able to access non-congregate emergency housing and or avoid contact with others. Landlords were also less willing to work with this challenging population already dealing with tenants who were not paying rent that they could not evict.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0831

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: Returning Home - Suncoast CY 2022

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Provide a description that addresses the entire scope of the proposed project.**

Aligned with the principles of Housing First this rapid rehousing project is focused on providing permanent housing quickly without preconditions such as sobriety, treatment adherence, income, or service participation, supporting choice and self-determination, and facilitating social and community integration. The program serves both individuals and families, including Veterans, non-Veterans, and households with high barriers to accessing housing. All households are prioritized and referred through Oneby1 (Coordinated Entry System), for rapid rehousing as the most appropriate intervention to end their homelessness. Households with higher acuity may be eligible based on the project’s capacity to meet their needs.

Services include an individualized assistance package including housing identification, time-limited financial assistance, and case management. Training includes the principles of Housing First, Trauma Informed Care, Harm Reduction, and Motivational Interviewing to provide staff the skills to empower clients to take control of their lives and create an atmosphere of collaboration and respect. Using progressive engagement, we offer what is needed to resolve the housing crisis and provide additional support as necessary.

The project provides time-limited support for an estimated 13 households at a given point in time estimating 4 efficiencies, 6 one-bedroom, and 3 two-bedroom housing units. Additional support includes help with application fees, security and utility deposits, and support services such as case management, housing search, and life skills training to address topics such as budgeting and being a good tenant. With an expectation some households will need less than 12 months of assistance, an estimated 16 households will be assisted annually. Match funds will support an additional 5 Veteran households. Financial assistance is needs-based, and households are expected to share in the cost of their housing.

A housing specialist, skilled in landlord engagement, works to identify housing options for households with high barriers who would otherwise not pass typical tenant screening criteria. Staff then focus on matching clients based on their housing preferences with opportunities available. The housing specialist provides ongoing support to landlords, educates clients on leasing requirements, and ensures selected units meet Housing Quality Standards.

Case management focuses on issues that impede access to housing. Based on an assessment of the household’s needs, a client-driven plan addresses the barriers to accessing and retaining housing. Support services to promote stability, provided directly, and leveraged through community resources, include education or training, childcare, early childhood education, after-school programs, transportation, employment services, legal services, physical and behavioral healthcare, budgeting classes, credit counseling, and referral for public benefits (i.e. Food Stamps, TANF, and Unemployment). Households seeking disability income receive assistance from SOAR-trained staff. After moving in, the focus shifts to barriers impacting retention.

Project Outcomes

- 80% or more of assisted households will move into permanent housing
- 40% or more of assisted households will increase financial resources

Follow-up is completed at 30, 60, 90, and 180 days, and at 12 months post-exit.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input checked="" type="checkbox"/> |

Other: Individuals whose homelessness is long term, high acuity

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |

| | |
|---|--|
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="checked" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.

| Supportive Services | | Provider | Frequency |
|--|--|-------------|-----------|
| Assessment of Service Needs | | Applicant | Monthly |
| Assistance with Moving Costs | | Applicant | As needed |
| Case Management | | Applicant | Weekly |
| Child Care | | Non-Partner | As needed |
| Education Services | | Non-Partner | As needed |
| Employment Assistance and Job Training | | Applicant | As needed |
| Food | | Applicant | As needed |
| Housing Search and Counseling Services | | Applicant | Weekly |
| Legal Services | | Partner | As needed |
| Life Skills Training | | Applicant | As needed |
| Mental Health Services | | Non-Partner | As needed |
| Outpatient Health Services | | Non-Partner | As needed |
| Outreach Services | | Non-Partner | As needed |
| Substance Abuse Treatment Services | | Non-Partner | As needed |
| Transportation | | Applicant | As needed |
| Utility Deposits | | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 13

Total Beds: 16

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 13 | 16 |

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 13

b. **Beds:** 16

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 384 15th Street North

Street 2:

City: St. Petersburg

State: Florida

ZIP Code: 33705

4. **Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129115 Sarasota County, 120270 Bradenton,
129081 Manatee County, 122766 Sarasota

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 3 | 10 | 0 | 13 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Persons over age 24 | 4 | 11 | | 15 |
| Persons ages 18-24 | 0 | 1 | | 1 |
| Accompanied Children under age 18 | 6 | | 0 | 6 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 10 | 12 | 0 | 22 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children under age 18 | 0 | | | 0 | 0 | 1 | 1 | 1 | 1 | 2 |
| Total Persons | 0 | 0 | 1 | 1 | 0 | 2 | 2 | 2 | 1 | 2 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 1 | 0 | 1 | 2 | 0 | 2 | 2 | 2 | 0 | 3 |
| Persons ages 18-24 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 1 | 0 | 1 | 3 | 0 | 2 | 2 | 2 | 0 | 3 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Unlisted subpopulations includes individuals experiencing homelessness due to economic issues, family struggles, or other circumstances not listed.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|---|
| Rental Assistance | X |
| Supportive Services | X |
| HMIS | X |
| VAWA | X |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$171,852 |
| Total Units: | 13 |

The number of beds for which funding has been requested in the Rental Assistance budget is 16.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 13 | \$171,852 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---------------------------|
| SRO | | x | \$690 | \$690 | x | 12 = | \$0 |
| 0 Bedroom | 4 | x | \$920 | \$920 | x | 12 = | \$44,160 |
| 1 Bedroom | 6 | x | \$1,081 | \$1,081 | x | 12 = | \$77,832 |
| 2 Bedrooms | 3 | x | \$1,385 | \$1,385 | x | 12 = | \$49,860 |
| 3 Bedrooms | | x | \$1,835 | \$1,835 | x | 12 = | \$0 |
| 4 Bedrooms | | x | \$2,185 | \$2,185 | x | 12 = | \$0 |
| 5 Bedrooms | | x | \$2,513 | \$2,513 | x | 12 = | \$0 |
| 6 Bedrooms | | x | \$2,841 | \$2,841 | x | 12 = | \$0 |
| 7 Bedrooms | | x | \$3,168 | \$3,168 | x | 12 = | \$0 |
| 8 Bedrooms | | x | \$3,496 | \$3,496 | x | 12 = | \$0 |
| 9 Bedrooms | | x | \$3,824 | \$3,824 | x | 12 = | \$0 |
| Total Units and Annual Assistance Requested | | | | | | | \$171,852 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$171,852 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$72,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$72,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | US Department of ... | \$72,000 |

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: US Department of Veterans Affairs
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$72,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$171,852 |
| 3. Supportive Services (Enter) | \$88,686 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$1,465 |
| 6. VAWA (Enter) | \$1,000 |
| 7. Sub-total of CoC Program Costs Requested | \$263,003 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$22,727 |
| 9. HUD funded Sub-total + Admin. Requested | \$285,730 |
| 10. Cash Match (From Screen 6D) | \$72,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$72,000 |
| 13. Total Project Budget for this grant, including Match | \$357,730 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Michael Raposa

Date: 09/21/2023

Title: Chief Executive Officer

Applicant Organization: Society of St. Vincent de Paul South Pinellas, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/21/2023 |
| 1B. SF-424 Legal Applicant | 09/21/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/21/2023 |
| Renewal Project Application FY2023 | Page 50 |
| | 09/26/2023 |

| | |
|---|-------------------|
| 1E. SF-424 Compliance | 09/21/2023 |
| 1F. SF-424 Declaration | 09/21/2023 |
| 1G. HUD 2880 | 09/21/2023 |
| 1H. HUD-50070 | 09/21/2023 |
| 1I. Cert. Lobbying | 09/21/2023 |
| 1J. SF-LLL | 09/21/2023 |
| IK. SF-424B | 09/21/2023 |
| Submission Without Changes | 09/21/2023 |
| Recipient Performance | 09/21/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/21/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/21/2023 |
| 3B. Description | 09/21/2023 |
| 4A. Services | 09/21/2023 |
| 4B. Housing Type | 09/21/2023 |
| 5A. Households | 09/21/2023 |
| 5B. Subpopulations | 09/21/2023 |
| 6A. Funding Request | 09/21/2023 |
| 6C. Rental Assistance | 09/21/2023 |
| 6D. Match | 09/21/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7B. Certification | 09/21/2023 |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/11/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0877

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-0660607

c. Unique Entity Identifier: CASLDMECCMS7

d. Address

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

e. Organizational Unit (optional)

Department Name: Sarasota County Area Command

Division Name: Florida Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Brady

Suffix:

Title: Director of Program Services

Organizational Affiliation: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1319

Fax Number: (941) 954-4645

Email: andrew.brady@uss.salvationarmy.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: PSH PLUS 2023 Renewal

16. Congressional District(s):

a. Applicant: FL-016, FL-017
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2024

b. End Date: 07/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Prefix:

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Organizational Affiliation: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1101

Email: michele.matthews@uss.salvationarmy.org

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip/Postal Code: 34236

2. Employer ID Number (EIN): 58-0660607

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$101,577.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|---|
| DCF/Suncoast Partnership to End Homelessness, Sarasota, FL | Challenge Grant | \$95,100.00 | Homeless Diversion/Early Intervention/Bridge Bed |
| HHS/FL/DEO/Sarasota County Govt., Sarasota, FL | CSBG | \$201,457.00 | Employability/Self Sufficiency/Transitional Housing |
| FEMA/FL/Glasser-Schoenbaum Human Services Center, Sarasota, FL | EFSP | \$223,659.00 | Shelter Operations/Financial Assistance/Food |
| HHS/FL/DEO, Tallahassee, FL | LIHEAP | \$1,186,888.00 | Home Energy/Sustainability |
| HHS/FL/DEO, Tallahassee, FL | LIHWAP | \$167,853.00 | Home Water/Sustainability |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|--|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| <p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> | <p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| <p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p> | <p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p> |
| <p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|-----------|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

We need to increase the Match by rounding up to meet the 25% requirement.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? No
- 3a. If no was selected, explain why CoC Program funds are not drawn quarterly.
- We didn't have access to eLOCCS from Jan 2023 to July 2023 due to staff turnover and technical issues, etc. All has been resolved now and we are pulling down funds monthly.
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0877

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: PSH PLUS 2023 Renewal

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

This renewal project for permanent supportive housing (PSH) will serve at least 5 participants the first year. This project will be Dedicated PLUS, with 100% of the beds dedicated to serve individuals, households with children, and unaccompanied youth who meet the criteria per Section III.B.2.g. of the 2021 NOFO. Due to the need in our community, we anticipate project participants will mostly include chronically homeless (CH) individuals and high acuity long-term homeless.

This project will include a full package of supports and services including rental assistance, case management, housing location, move-in assistance, landlord relations, housing stability supports, connections to mainstream benefits and access to regular, voluntary services and resources according to each participant's client-centered plan such as mental health services, employment assistance, transportation, educational opportunities, life skills, peer supports, medication and outpatient health services. Through a scattered-site model, this project will provide housing opportunities for participants to live independently in their own apartment or efficiency and will not include shared living situations, unless expressed as the client's choice. This project will take place in the context of our CoC's coordinated entry system (CES) through which we receive referrals in HMIS from the prioritized by-name list. Consistent with low barrier practices, there will be no programmatic requirements and services will be voluntary. We will engage clients using evidence-based practices such as trauma-informed care, progressive engagement, and harm reduction.

Once we receive a referral for the project in HMIS, we will offer the participant one of our bridge beds in our shelter as part of a safety plan. Almost immediately, the participant will begin to receive case management, develop a client-centered plan, identify a pathway to housing and connect with mainstream benefit opportunities such as Medicare/Medicaid, Social Security and food benefits. Our Case Manager (CM) and Program Coordinator (PC) will work with participants to obtain housing as soon as possible and provide numerous supports for move-in such as financial assistance, furniture, the physical move and immediate necessities such as food and household goods. After move-in, the CM will conduct an initial follow-up home visit within 24-48 hours and conduct frequent follow-up visits and check-ins after that as the participant acclimates, addressing any needs along the way. The CM and PC will be in constant communication with each other and as they work with the participant and the Landlord to foster housing stability.

We continue to strive to build collaborations within our CoC community. One such collaboration securely in place is a partnership with Centerstone Mental Health, who teams with our program to offer MH and D&A services along with our service offerings in the home setting. Towards that end, we are in the process of two additional collaborations with our CoC's Domestic Violence service providers, Hope Family Services, and SPARCC. Our goal is to formulate a close and responsive collaborative where the needs of both agency participants can be served in a thoughtful and more encompassing way.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|--------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? DedicatedPLUS
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

| Supportive Services | Provider | Frequency |
|--|-----------|-----------|
| Assessment of Service Needs | Applicant | Daily |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | As needed |
| Child Care | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | Daily |
| Legal Services | Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Applicant | Bi-weekly |
| Outpatient Health Services | Applicant | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 5

Total Beds: 5

Total Dedicated CH Beds: 5

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 5 | 5 |

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 5

b. **Beds:** 5

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1400 10th Street

Street 2:

City: Sarasota

State: Florida

ZIP Code: 34236

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

129115 Sarasota County, 129081 Manatee County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | | 5 | | 5 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | | 5 | | 5 |
| Persons ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 5 | 0 | 5 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 5 | | | 4 | | 4 | 1 | 2 | 1 | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 5 | 0 | 0 | 4 | 0 | 4 | 1 | 2 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
 - Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
 - Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|-------------------------------|----------|
| Total Request for Grant Term: | \$64,860 |
| Total Units: | 5 |

The number of beds for which funding has been requested in the Rental Assistance budget is 5.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 5 | \$64,860 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO | x | \$690 | \$690 | x 12 = | \$0 |
| 0 Bedroom | x | \$920 | \$920 | x 12 = | \$0 |
| 1 Bedroom | 5 x | \$1,081 | \$1,081 | x 12 = | \$64,860 |
| 2 Bedrooms | x | \$1,385 | \$1,385 | x 12 = | \$0 |
| 3 Bedrooms | x | \$1,835 | \$1,835 | x 12 = | \$0 |
| 4 Bedrooms | x | \$2,185 | \$2,185 | x 12 = | \$0 |
| 5 Bedrooms | x | \$2,513 | \$2,513 | x 12 = | \$0 |
| 6 Bedrooms | x | \$2,841 | \$2,841 | x 12 = | \$0 |
| 7 Bedrooms | x | \$3,168 | \$3,168 | x 12 = | \$0 |
| 8 Bedrooms | x | \$3,496 | \$3,496 | x 12 = | \$0 |
| 9 Bedrooms | x | \$3,824 | \$3,824 | x 12 = | \$0 |
| Total Units and Annual Assistance Requested | | 5 | | | \$64,860 |
| Grant Term | | | | | 1 Year |
| Total Request for Grant Term | | | | | \$64,860 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$25,395 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$25,395 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|----------------------|----------------------|
| Cash | Private | The Salvation Arm... | \$25,395 |

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: The Salvation Army of Sarasota County
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$25,395

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$64,860 |
| 3. Supportive Services (Enter) | \$36,717 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$101,577 |
| 8. Admin (Up to 10% of Sub-total in #7) | |
| 9. HUD funded Sub-total + Admin. Requested | \$101,577 |
| 10. Cash Match (From Screen 6D) | \$25,395 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$25,395 |
| 13. Total Project Budget for this grant, including Match | \$126,972 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | IRS 501c3 Letter | 09/19/2022 |
| 2) Other Attachment | No | Match Letter | 09/19/2022 |
| 3) Other Attachment | No | MOUs Combined | 09/19/2022 |

Attachment Details

Document Description: IRS 501c3 Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: MOUs Combined

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (expires 01/31/2026))

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Michele Matthews

Date: 09/11/2023

Title: Area Commander/CEO

Applicant Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

PHA Number (For PHA Applicants Only):

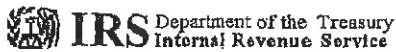
I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|-----------------------------|--------------|
| 1A. SF-424 Application Type | 09/06/2023 |
| 1B. SF-424 Legal Applicant | 09/06/2023 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/09/2023 |
| 1E. SF-424 Compliance | 09/06/2023 |
| 1F. SF-424 Declaration | 09/06/2023 |
| 1G. HUD 2880 | 09/06/2023 |
| 1H. HUD-50070 | 09/06/2023 |
| 1I. Cert. Lobbying | 09/06/2023 |
| 1J. SF-LLL | 09/06/2023 |
| IK. SF-424B | 09/06/2023 |
| Submission Without Changes | 09/07/2023 |
| Recipient Performance | 09/07/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/06/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/06/2023 |
| 3B. Description | 09/06/2023 |
| 3C. Dedicated Plus | 09/06/2023 |
| 4A. Services | 09/06/2023 |
| 4B. Housing Type | 09/06/2023 |
| 5A. Households | 09/06/2023 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/06/2023 |
| 6C. Rental Assistance | 09/06/2023 |
| 6D. Match | 09/06/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/06/2023 |
| 7B. Certification | 09/06/2023 |



CINCINNATI OH 45999-0038

In reply refer to: 0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00

00013274
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329



005202

Employer ID number: 58-0660607
Form 990 required: No

Dear Taxpayer:

We're responding to your request dated July 22, 2020, about your tax-exempt status.

We issued you a determination letter in November 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00
00013275

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1



**DOING THE
MOST GOOD**
SARASOTA COUNTY

William Booth, *Founder*
Brian Peddle, *General*
Commissioner Willis Howell, *Territorial Commander*
Lt. Colonel Kenneth Luyk, *Divisional Commander*
Lt. Colonel Michele Matthews, *Area Commander*

September 19, 2022

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Attn: Kevin P. Chung
400 West Bay Street, Suite 1015
Jacksonville, FL 32202

Re: Match Funding for HUD FY2022 CoC Program Renewal Grant FL0833L4H002102,
"PSH Plus" Permanent Supportive Housing Project

To Whom it May Concern:

This letter serves as documentation for a Match commitment by the Salvation Army of Sarasota County toward the renewal of the stated HUD CoC Program Grant, FL0833L4H002102, "PSH Plus" Permanent Supportive Housing Project (current e-snaps application project 202149).

We, The Salvation Army of Sarasota County, will commit \$25,394 from our general operating funds as Match funding. We pledge to match these funds during the expected 12-month grant period of January 1, 2023 to December 31, 2024.

We are grateful for the opportunity to continue to serve the community through the HUD-CoC Grant program.

Thank you,

Michele Matthews
Lt. Colonel
The Salvation Army of Sarasota County

** First two MOU's are currently in the process of agency approval and signatures. This file contains three MOU's, two Domestic Violence Providers and one MH provider.

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Safe Place and Rape Crisis Center (SPARCC) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and SPARCC, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and SPARCC to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide SPARCC staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with SPARCC representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to SPARCC when deemed beneficial for consideration.
- Provide referral opportunities for SPARCC program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

SPARCC Agrees to:

- SPARCC will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. SPARCC will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- SPARCC will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by SPARCC workers, SPARCC will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: SPARCC staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; SPARCC staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Safe Place and Rape Crisis Center shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by SPARCC staff, SPARCC will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by SPARCC staff.

Responsibility for Supplies: SPARCC is responsible for the provision of all supplies needed for SPARCC staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: SPARCC and TSA are independent entities. Employees of SPARCC are not employees of TSA and employees of TSA are not employees of SPARCC.

Insurance Responsibilities: SPARCC will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. ***General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.***

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

SPARCC

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Hope Family Services (HFS) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and HFS, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and HFS to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide HFS staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with HFS representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to HFS when deemed beneficial for consideration.
- Provide referral opportunities for HFS program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

HFS Agrees to:

- HFS will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. HFS will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- HFS will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by HFS workers, HFS will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: HFS staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; HFS staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Hope Family Services shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by HFS staff, HFS will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by HFS staff.

Responsibility for Supplies: HFS is responsible for the provision of all supplies needed for HFS staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: HFS and TSA are independent entities. Employees of HFS are not employees of TSA and employees of TSA are not employees of HFS.

Insurance Responsibilities: HFS will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

Hope Family Services

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County, FL (“TSA”) and Centerstone of Florida, Bradenton, FL (CENTERSTONE) for a
HOUSING-FOCUSED COLLABORATION

Location:

The Salvation Army Center of Hope
1400 10th Street
Sarasota, FL 34236

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and CENTERSTONE, the PARTIES, for collaboration in community. This AGREEMENT is to express an understanding between PARTIES who seek to work together to provide collaborative services for homeless participants and formerly homeless participants, for whom joint advocacy and support is beneficial to both the PARTIES and the participants.

Participants: Participants are defined as the following: Individuals identified by TSA through the Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) Programs who are referred specifically to CENTERSTONE and are found appropriate for Centerstone’s “Connections” services, described below. Participants must meet TSA’s standard eligibility requirements and follow TSA’s Program requirements towards sustainability and housing placement as outlined by both federal and Continuum of Care policies.

Goals of Agreement: Individual and shared goals will be accomplished by the PARTIES undertaking the following Agreements in the interest of mutual clients.

CENTERSTONE agrees to:

- Review participants referred by TSA for possible inclusion in the Connections program, which provides outreach and housing navigation using a “housing first” approach that focuses on providing housing as a top priority without precondition or service participation requirements in addition to evidence-based treatment, access to federal income supports, individualized substance abuse treatment and planning, and more.
- Provide intensive case management services to participants by way of a credentialed team comprised of a Program Manager, Case Manager, and other relevant Connections staff. Case management services include but are not limited to mental health services, substance use services, co-occurring disorder services, and life skills education.
- Ensure participants have access to medications and outpatient treatment.
- Ensure CENTERSTONE Connections Clinical Team continues to work with TSA Case Managers for the benefit of the participant.
- Reinforce TSA goals as developed and implemented by the TSA RRH/PSH team.
- Effectively communicate known or developing issues or concerns to the TSA RRH/PSH team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into each participant’s client profile in the Community Services Information System (CSIS) as required.
- Be solely responsible for employment and supervision of CENTERSTONE staff.
- Be solely responsible for salary and benefits of CENTERSTONE staff.
- Provide office space, technology, and storage space needed for CENTERSTONE staff to perform duties.

TSA agrees to:

- Provide housing first, low barrier RRH/PSH services to participants referred through the Coordinated Entry System.
- Provide Intensive Case Management services to participants by way of a strength-based model comprised of Program Managers, Case Managers, and other relevant RRH/PSH staff. Case Management services include but are not limited to rehousing, employment assistance, budgeting, life skills training, case planning towards sustainability, and advocacy.
- Provide rental assistance funding for participants who are engaged in services and continue to meet the requirements of the RRH/PSH program as established by TSA.
- Ensure TSA RRH/PSH team continues to work with CENTERSTONE Connections Team Case Managers for the benefit of the participant.
- Reinforce CENTERSTONE goals as developed and implemented by the CENTERSTONE Connections team.
- Effectively communicate known or developing issues or concerns to the CENTERSTONE Connections Team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into participant's client profile in as required.
- Be solely responsible for employment and supervision of TSA staff.
- Be solely responsible for salary and benefits of TSA staff.
- Provide office space, technology, and storage space needed for TSA staff to perform duties.

Additional Provisions:

- CENTERSTONE and TSA reserve the right to enter into arrangements with other providers, whether for the same or similar services, if such PARTY deems it necessary in relation to programmatic or participant needs.

Compensation: This Agreement formalizes a cooperative agreement for making referrals to and providing services to mutual clients/patients. There will be no compensation or payment to either party by the other under this agreement.

Specific Dates and Times of Usage: CENTERSTONE staff will typically work within the following time window and will therefore have access to the above TSA facility for the following times of usage: Monday through Friday, 7:00 a.m. to 5:00 p.m.; CENTERSTONE staff will also have access to the above TSA facility as needed per approval of the TSA Director of Planning & Programs in order to access partnership participants and perform functions related to the Housing Collaboration. Most services provided by CENTERSTONE and TSA will be conducted in the community and/or, for those clients who have moved into permanent housing via the RRH or PSH Program, in a participant's dwelling.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

Confidentiality: As applicable, both providers will abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, and any other applicable federal or state laws pertaining to confidentiality of client records. Only with a signed release of information may the parties share client information.

Property: While the premises are used by CENTERSTONE staff, CENTERSTONE will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by CENTERSTONE staff.

Responsibility for Supplies: CENTERSTONE is responsible for the provision of all supplies needed for CENTERSTONE staff to perform duties.

Storage Space: CENTERSTONE is responsible for the provision of storage space needed for CENTERSTONE staff to perform duties.

Relationship: Both PARTIES understand this AGREEMENT does not create a landlord/tenant relationship.

Entities: CENTERSTONE and TSA are independent entities. Employees of CENTERSTONE are not employees of TSA and employees of TSA are not employees of CENTERSTONE.

Insurance Responsibilities: CENTERSTONE will provide evidence of insurance including General Liability, Workers' Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2021 to September 30, 2023.**

Authorized Signatures


CENTERSTONE OF FLORIDA, BRADENTON, FL

Melissa Larkin-Skinner

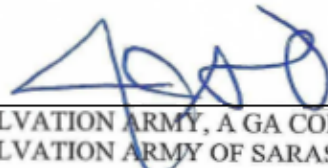
Print Name

CEO

Title

9/30/21

Date


THE SALVATION ARMY, A GA CORPORATION, FOR
THE SALVATION ARMY OF SARASOTA COUNTY, FL

JAMES K. SEILER

Print Name

TREASURER

Title

OCT 18 2021

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/22/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0673

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

b. Employer/Taxpayer Identification Number (EIN/TIN): 65-0869993

c. Unique Entity Identifier: HMBJWPX9JKA1

d. Address

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Phillip

Middle Name:

Last Name: Brooks

Suffix:

Title: COO

Organizational Affiliation: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Telephone Number: (941) 232-2572

Extension:

Fax Number: (941) 366-0033

Email: pj.brooks@caslinc.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: FY23 Suncoast Renewal PSH/RA Combined Application

16. Congressional District(s):

a. Applicant: FL-016, FL-017, FL-019, FL-009, FL-010
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2022

b. End Date: 04/30/2023

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Organizational Affiliation: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Telephone Number: (941) 225-2373

Extension:

Email: scott.eller@caslinc.org

City: Sarasota

County:

State: Florida

Country: United States

Zip/Postal Code: 34237

2. Employer ID Number (EIN): 65-0869993

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$123,318.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|---------------------------------------|
| Suncoast Partnership to End Homelessness | PSH | \$100,314.00 | Rental Assistance/Support Services |
| Lee County CoC | PSH | \$272,303.00 | Rental Assistance/Support Services |
| Collier County CoC | PSH | \$69,300.00 | Rental Assistance/Supportive Services |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Julian Eller, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|--|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| <p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> | <p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| <p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p> | <p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p> |
| <p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

| |
|---|
| X |
|---|

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Name / Title of Authorized Official: Julian Eller, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Community Assisted and Supported Living, Inc.
d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This is being submitted with minor edits being made to question 3B. description as the option to submit without changes was not an available option.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** FL0673
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC
- 3. CoC Collaborative Applicant Name:** Suncoast Partnership to End Homelessness, Inc.
- 4. Project Name:** FY23 Suncoast Renewal PSH/RA Combined Application
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** PSH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No
(Attachment Requirement)

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Community Assisted and Supported Living, Inc. (CASL) requests funding to advance its organizational mission and strategy in Collier County which will allow the organization to continue to develop and provide permanent supportive housing to persons with severe and persistent mental illness, many of whom are homeless or are at risk of homelessness based on the definition determined by HUD. CASL requests rental assistance funds to support existing units, in order to expand access to persons who are chronically homeless. CASL's permanent supportive housing model transitions people directly from a state of homelessness into permanent supportive housing. The key to successful residents is the wrap-around services and collaborations between partnering agencies that CASL provides. CASL's case managers assess each resident to determine specific needs and leverage its case management with other providers' targeted services to ensure housing stability.

A majority of these individuals will also have been diagnosed with a disabling condition. Often, the disabling condition will be a diagnosed severe and persistent mental illness (SPMI) and/or a substance abuse disorder that does not impair the person's ability to live independently with appropriate support. The mental illness may be schizophrenia paranoid type, schizo-affective affected disorder, bipolar disorder, or other mental illness as diagnosed by a licensed doctor or psychiatrist.

CASL's approach to serving persons who suffer from homelessness is to ensure that there is a comprehensive infrastructure of wrap-around supports and services present to address a person's specific needs. CASL's model has generated a reduction in recidivism in excess of 80% and a reduction of readmission to acute care systems exceeding 90%.

CASL's residents will come through Coordinated Entry from (1) a state of homelessness; (2) an institution or group home; (3) an inpatient psychiatric or forensic hospital or (4) jail. Characteristics traditionally are that persons (1) exhibit a lack of education (2) lack access to community-based services and (3) lack employment and employable skills; all of which are often a shared experience among persons that CASL serves. These individuals require financial assistance and support to meet their most basic needs.

In CASL's experience with this population demographic, greater than 99% of persons served by CASL attain either employment or social security benefits. Of that number, on average 20% attain either a full- or part-time job. The income of residents who are coming from homelessness into CASL's residences will attain on average upwards of \$12,000 per year. To date, 98% of the persons that have been assisted by our SOAR-trained case management staff to apply for their SSI/SSDI benefits have been awarded in six months or less.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|--------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? DedicatedPLUS
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

| Supportive Services | Provider | Frequency |
|--|-------------|-----------|
| Assessment of Service Needs | Applicant | As needed |
| Assistance with Moving Costs | Non-Partner | As needed |
| Case Management | Applicant | As needed |
| Child Care | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Partner | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Non-Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 7

Total Beds: 17

Total Dedicated CH Beds: 17

| Housing Type | Housing Type (JOINT) | Units | Beds |
|----------------------|----------------------|-------|------|
| Clustered apartments | --- | 7 | 17 |

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 7

b. **Beds:** 17

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 17

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Fruitville Rd

Street 2:

City: Sarasota

State: Florida

ZIP Code: 34236

5. **Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

122766 Sarasota

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | | 17 | | 17 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | | 17 | | 17 |
| Persons ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 17 | 0 | 17 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 17 | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|--------------------------------------|-----------|
| Total Request for Grant Term: | \$121,248 |
| Total Units: | 7 |

The number of beds for which funding has been requested in the Rental Assistance budget is 17.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| SRA | FL - North Port-Sarasota-Bradenton, F... | 7 | \$121,248 |

Rental Assistance Budget Detail

Type of Rental Assistance: SRA



Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | 3 | x | \$690 | \$688 | x | 12 | = | \$24,768 |
| 0 Bedroom | | x | \$920 | \$884 | x | 12 | = | \$0 |
| 1 Bedroom | | x | \$1,081 | \$1,000 | x | 12 | = | \$0 |
| 2 Bedrooms | | x | \$1,385 | \$1,281 | x | 12 | = | \$0 |
| 3 Bedrooms | 2 | x | \$1,835 | \$1,835 | x | 12 | = | \$44,040 |
| 4 Bedrooms | 2 | x | \$2,185 | \$2,185 | x | 12 | = | \$52,440 |
| 5 Bedrooms | | x | \$2,513 | \$2,424 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,841 | \$2,740 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,168 | \$3,055 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$3,496 | \$3,371 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,824 | \$3,689 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | | | | | | | | \$121,248 |
| | | | | | | | | 1 Year |
| | | | | | | | | \$121,248 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--|-----------------|
| Total Value of Cash Commitments: | \$50,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$50,000 |

1. Will this project generate program income Yes
 described in 24 CFR 578.97 to use as Match for
 this project?

1a. Briefly describe the source of the program income:

Program income includes a service contract with Central Florida Behavioral Health Network. Program income will also include tenant rents. Tenants will pay no more than 30% of their income for their unit's rent. This figure will depend on the composition of tenants and their specific income limitations, and is challenging to estimate at this stage of the application. However, if all 16 tenants earn \$770 a month, they may have a rent payment of approximately \$231 per month, which could result in approximately \$44,352 of annual program income.

1b. Estimate the amount of program income \$0
 that will be used as Match for this project:

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | Central Florida B... | \$50,000 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** Central Florida Behavioral Health Network
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$50,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$121,248 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$121,248 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$2,070 |
| 9. HUD funded Sub-total + Admin. Requested | \$123,318 |
| 10. Cash Match (From Screen 6D) | \$50,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$50,000 |
| 13. Total Project Budget for this grant, including Match | \$173,318 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Non Profit Docume... | 11/01/2021 |
| 2) Other Attachment | No | FY22 Match Letter | 09/19/2022 |
| 3) Other Attachment | No | FY23 Suncoast Mat... | 08/08/2023 |

Attachment Details

Document Description: Non Profit Documentation

Attachment Details

Document Description: FY22 Match Letter

Attachment Details

Document Description: FY23 Suncoast Match Letter

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Julian Eller

Date: 09/22/2023

Title: CEO

Applicant Organization: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

| |
|---|
| X |
|---|

8B Submission Summary

| Page | Last Updated |
|--------------------------------|-------------------|
| 1A. SF-424 Application Type | 09/20/2023 |
| 1B. SF-424 Legal Applicant | 09/20/2023 |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2023 | Page 50 | 09/26/2023 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/20/2023 |
| 1E. SF-424 Compliance | 09/20/2023 |
| 1F. SF-424 Declaration | 09/20/2023 |
| 1G. HUD 2880 | 09/20/2023 |
| 1H. HUD-50070 | 09/20/2023 |
| 1I. Cert. Lobbying | 09/20/2023 |
| 1J. SF-LLL | 09/20/2023 |
| IK. SF-424B | 09/20/2023 |
| Submission Without Changes | 09/20/2023 |
| Recipient Performance | 09/20/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/20/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/20/2023 |
| 3B. Description | 09/20/2023 |
| 3C. Dedicated Plus | 09/20/2023 |
| 4A. Services | 09/20/2023 |
| 4B. Housing Type | 09/20/2023 |
| 5A. Households | 09/20/2023 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/20/2023 |
| 6C. Rental Assistance | 09/20/2023 |
| 6D. Match | 09/20/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/20/2023 |
| 7B. Certification | 09/20/2023 |



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

| | | | |
|--------------------|----------------|-----------------|------------------------|
| 85-8012579193C-4 | 05/31/2019 | 05/31/2024 | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



8/25/2022

Suncoast Partnership to End Homelessness

Re: 2022 Match

To Whom It May Concern,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse, often many of whom are homeless or chronically homeless.

Our list of leveraged and match funding is as follows:

| CoC Project | Type | Match | Type |
|--------------------|-----------------|------------------|----------------|
| CASL FY22 Renewal | Case Management | \$50,000 | CFBHN QG041-21 |
| CASL FY22 Bonus | Case Management | \$100,000 | CFBHN QG041-21 |
| TOTAL | | \$150,000 | |

CASL will be using our Central Florida Behavioral Health Network (CFBHN) and agency's funds to provide the match for the requested rental assistance funding through the CoC. We will fund the case management costs related to the requested rental assistance.

By using these funds as match we will be able to provide additional access to client services, case management, and life skills.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Scott Eller', is written over a light blue horizontal line.

J. Scott Eller
CEO
Community Assisted & Supported Living, Inc.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/11/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0833

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-0660607

c. Unique Entity Identifier: CASLDMECCMS7

d. Address

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

e. Organizational Unit (optional)

Department Name: Sarasota County Area Command

Division Name: Florida Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Brady

Suffix:

Title: Director of Program Services

Organizational Affiliation: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1319

Fax Number: (941) 954-4645

Email: andrew.brady@uss.salvationarmy.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: PSH Bonus 2023 Renewal

16. Congressional District(s):

a. Applicant: FL-016, FL-017
(for multiple selections hold CTRL key)

b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2025

b. End Date: 12/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Prefix:

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Organizational Affiliation: The Salvation Army, a GA Corp., for The
Salvation Army of Sarasota County

Telephone Number: (941) 364-8845

Extension: 1101

Email: michele.matthews@uss.salvationarmy.org

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip/Postal Code: 34236

2. Employer ID Number (EIN): 58-0660607

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$329,289.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|---|
| DCF/Suncoast Partnership to End Homelessness, Sarasota, FL | Challenge Grant | \$95,100.00 | Homeless Diversion/Early Intervention/Bridge Bed |
| HHS/FL/DEO/Sarasota County Govt., Sarasota, FL | CSBG | \$201,457.00 | Employability/Self Sufficiency/Transitional Housing |
| FEMA/FL/Glasser-Schoenbaum Human Services Center, Sarasota, FL | EFSP | \$223,659.00 | Shelter Operations/Financial Assistance/Food |
| HHS/FL/DEO, Tallahassee, FL | LIHEAP | \$1,186,888.00 | Home Energy/Sustainability |
| HHS/FL/DEO, Tallahassee, FL | LIHWAP | \$167,853.00 | Home Water/Sustainability |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|--|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| <p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> | <p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| <p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p> | <p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p> |
| <p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Name / Title of Authorized Official: Michele Matthews, Area Commander/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Street 1: 1400 10th Street

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34236

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Telephone Number: (941) 364-8845
(Format: 123-456-7890)

Fax Number: (941) 954-4645
(Format: 123-456-7890)

Email: michele.matthews@uss.salvationarmy.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

Prefix: Lt. Colonel

First Name: Michele

Middle Name:

Last Name: Matthews

Suffix:

Title: Area Commander/CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Will need to adjust Match to round up the change to meet the 25% requirement.
Need to adjust 4B. Housing Type because it is reverting back to the 1st year of this grant (12 Units/12 Beds instead of 15 Units/15 Beds).

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

We didn't have access to eLOCCS from Jan 2023 to July 2023 due to staff turnover and technical issues, etc. All has been resolved now and we are pulling down funds monthly.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

There was \$32,665.16 remaining at the close of PSH Bonus 2019 (FL0833L4H002001). The remaining balance is not an indicator of need but more about staff transitions, building renovations and the current housing market.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0833

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

3. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

4. Project Name: PSH Bonus 2023 Renewal

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

This renewal project for permanent supportive housing (PSH) will serve at least 12 participants the first year. This project will be DedicatedPLUS, with 100% of the beds dedicated to serve individuals, households with children, and unaccompanied youth who meet the criteria per Section III.C.2.g. of the 2019 NOFA. Due to the need in our community, we anticipate project participants will mostly include chronically homeless (CH) individuals and high acuity long-term homeless.

This project will include a full package of supports and services including rental assistance for up to 12 months, case management, housing location, move-in assistance, landlord relations, housing stability supports, connections to mainstream benefits and access to regular, voluntary services and resources according to each participant's client-centered plan such as mental health services, employment assistance, transportation, educational opportunities, life skills, peer supports, medication and outpatient health services. Through a scattered-site model, this project will provide housing opportunities for participants to live independently in their own apartment or efficiency and will not include shared living situations. This project will take place in the context of our CoC's highly-functioning coordinated entry system (CES) through which we receive referrals in HMIS from the prioritized by-name list. As described in Section 2B (Number 1), our community's ability to identify high acuity and CH individuals appropriate for PSH housing placements is outpacing our supply of PSH housing interventions. Consistent with low barrier practices already adopted in our emergency shelter, there will be no programmatic requirements and services will be voluntary. We will engage clients using evidence-based practices such as trauma-informed care, progressive engagement, and harm reduction.

Once we receive a referral for the project in HMIS, we will provide the participant with one of our bridge beds in our shelter as part of a safety plan. Almost immediately, the participant will begin to receive case management, develop a client-centered plan, identify a pathway to housing and connect with mainstream benefit opportunities such as Medicare/Medicaid, Social Security and food benefits. Our case manager (CM) and housing coordinator (HC) will work with participants to obtain housing as soon as possible and provide numerous supports for move-in such as financial assistance, furniture, the physical move and immediate necessities such as food and household goods. After move-in, the CM will conduct an initial follow-up home visit within 24-48 hours and conduct frequent follow-up visits and check-ins after that as the participant acclimates, addressing any needs along the way. The CM and HC will be in constant communication with each other and as they work with the participant and Landlord to ensure housing stability.

We continue to strive to build collaborations within our CoC community. One such collaboration securely in place is a partnership with Centerstone Mental Health, who teams with our program to offer MH and D&A services along with our service offerings in the home setting. Towards that end, we are in the process of two additional collaborations with our CoC's Domestic Violence service providers, Hope Family Services, and SPARCC. Our goal is to formulate a close and responsive collaborative where the needs of both agency participants can be served.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| | | | |
|---|-------------------------------------|-------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input checked="" type="checkbox"/> |

Other: High Acuity Long-term Homeless who also meet one of the DedicatedPLUS criteria

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project "100% Dedicated," DedicatedPLUS
"DedicatedPLUS," or "N/A"?

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

| Supportive Services | Provider | Frequency |
|--|-----------|-----------|
| Assessment of Service Needs | Applicant | Daily |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Daily |
| Child Care | Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | Daily |
| Legal Services | Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Applicant | Bi-weekly |
| Outpatient Health Services | Applicant | As needed |
| Outreach Services | Applicant | Daily |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | As needed |

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 15

Total Beds: 15

Total Dedicated CH Beds: 5

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 15 | 15 |

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 15

b. **Beds:** 15

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1400 10th Street

Street 2:

City: Sarasota

State: Florida

ZIP Code: 34236

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

129115 Sarasota County, 129081 Manatee County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | | 12 | | 12 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | | 12 | | 12 |
| Persons ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 12 | 0 | 12 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 5 | | | 5 | | 5 | 2 | 3 | 1 | 7 |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 5 | 0 | 0 | 5 | 0 | 5 | 2 | 3 | 1 | 7 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

High Acuity Long-term Homeless persons

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
 - Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
 - Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$188,784 |
| Total Units: | 15 |

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 15 | \$188,784 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO | | \$690 | \$690 | 12 | \$0 |
| 0 Bedroom | 3 | \$920 | \$920 | 12 | \$33,120 |
| 1 Bedroom | 12 | \$1,081 | \$1,081 | 12 | \$155,664 |
| 2 Bedrooms | | \$1,385 | \$1,385 | 12 | \$0 |
| 3 Bedrooms | | \$1,835 | \$1,835 | 12 | \$0 |
| 4 Bedrooms | | \$2,185 | \$2,185 | 12 | \$0 |
| 5 Bedrooms | | \$2,513 | \$2,513 | 12 | \$0 |
| 6 Bedrooms | | \$2,841 | \$2,841 | 12 | \$0 |
| 7 Bedrooms | | \$3,168 | \$3,168 | 12 | \$0 |
| 8 Bedrooms | | \$3,496 | \$3,496 | 12 | \$0 |
| 9 Bedrooms | | \$3,824 | \$3,824 | 12 | \$0 |
| Total Units and Annual Assistance Requested | | | | | \$188,784 |
| Grant Term | | | | | 1 Year |
| Total Request for Grant Term | | | | | \$188,784 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$82,323 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$82,323 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|---------|----------------------|----------------------|
| Cash | Private | The Salvation Arm... | \$82,323 |

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: The Salvation Army of Sarasota County
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$82,323

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$188,784 |
| 3. Supportive Services (Enter) | \$140,505 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$329,289 |
| 8. Admin (Up to 10% of Sub-total in #7) | |
| 9. HUD funded Sub-total + Admin. Requested | \$329,289 |
| 10. Cash Match (From Screen 6D) | \$82,323 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$82,323 |
| 13. Total Project Budget for this grant, including Match | \$411,612 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | IRS Determination... | 10/27/2021 |
| 2) Other Attachment | No | Match Letter | 09/19/2022 |
| 3) Other Attachment | No | Combined MOU's | 09/19/2022 |

Attachment Details

Document Description: IRS Determination Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Combined MOU's

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (expires 01/31/2026))

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Michele Matthews

Date: 09/11/2023

Title: Area Commander/CEO

Applicant Organization: The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County

PHA Number (For PHA Applicants Only):

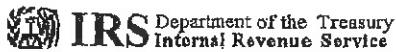
I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|-----------------------------|--------------|
| 1A. SF-424 Application Type | 09/06/2023 |
| 1B. SF-424 Legal Applicant | 09/06/2023 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/06/2023 |
| 1E. SF-424 Compliance | 09/06/2023 |
| 1F. SF-424 Declaration | 09/06/2023 |
| 1G. HUD 2880 | 09/06/2023 |
| 1H. HUD-50070 | 09/06/2023 |
| 1I. Cert. Lobbying | 09/06/2023 |
| 1J. SF-LLL | 09/06/2023 |
| IK. SF-424B | 09/06/2023 |
| Submission Without Changes | 09/06/2023 |
| Recipient Performance | 09/07/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/06/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 09/06/2023 |
| 3B. Description | 09/06/2023 |
| 3C. Dedicated Plus | 09/06/2023 |
| 4A. Services | 09/06/2023 |
| 4B. Housing Type | 09/06/2023 |
| 5A. Households | 09/06/2023 |
| 5B. Subpopulations | 09/06/2023 |
| 6A. Funding Request | 09/06/2023 |
| 6C. Rental Assistance | 09/06/2023 |
| 6D. Match | 09/06/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/06/2023 |
| 7B. Certification | 09/06/2023 |



CINCINNATI OH 45999-0038

In reply refer to: 0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00

00013274
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329



005202

Employer ID number: 58-0660607
Form 990 required: No

Dear Taxpayer:

We're responding to your request dated July 22, 2020, about your tax-exempt status.

We issued you a determination letter in November 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248254921
July 31, 2020 LTR 4168C 0
58-0660607 000000 00
00013275

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% LEGAL DEPARTMENT
1424 NORTHEAST EXPY NE
BROOKHAVEN GA 30329

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1



**DOING THE
MOST GOOD**
SARASOTA COUNTY

William Booth, *Founder*
Brian Peddle, *General*
Commissioner Willis Howell, *Territorial Commander*
Lt. Colonel Kenneth Luyk, *Divisional Commander*
Lt. Colonel Michele Matthews, *Area Commander*

September 19, 2022

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Attn: Kevin P. Chung
400 West Bay Street, Suite 1015
Jacksonville, FL 32202

Re: Match Funding for HUD FY2022 CoC Program Renewal Grant FL0877L4H002100,
"PSH Bonus" Permanent Supportive Housing Project

To Whom it May Concern:

This letter serves as documentation for a Match commitment by the Salvation Army of Sarasota County toward the renewal of the stated HUD CoC Program Grant, FL0877L4H002100, "PSH Bonus" Permanent Supportive Housing Project (current e-snaps application project 202147).

We, The Salvation Army of Sarasota County, will commit \$82,322 from our general operating funds as Match funding. We pledge to match these funds during the expected 12-month grant period of August 1, 2023 to July 31, 2024.

We are grateful for the opportunity to continue to serve the community through the HUD-CoC Grant program.

Thank you,

Michele Matthews
Lt. Colonel
The Salvation Army of Sarasota County

** First two MOU's are currently in the process of agency approval and signatures. This file contains three MOU's, two Domestic Violence Providers and one MH provider.

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Safe Place and Rape Crisis Center (SPARCC) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and SPARCC, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and SPARCC to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide SPARCC staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with SPARCC representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to SPARCC when deemed beneficial for consideration.
- Provide referral opportunities for SPARCC program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

SPARCC Agrees to:

- SPARCC will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. SPARCC will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- SPARCC will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by SPARCC workers, SPARCC will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: SPARCC staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; SPARCC staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Safe Place and Rape Crisis Center shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by SPARCC staff, SPARCC will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by SPARCC staff.

Responsibility for Supplies: SPARCC is responsible for the provision of all supplies needed for SPARCC staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: SPARCC and TSA are independent entities. Employees of SPARCC are not employees of TSA and employees of TSA are not employees of SPARCC.

Insurance Responsibilities: SPARCC will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. ***General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.***

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

SPARCC

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County (“TSA”) and
Hope Family Services (HFS) for a
Memorandum of Understanding

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and HFS, the PARTIES, for collaboration regarding potential services for identified community members. This AGREEMENT is to express an understanding between the PARTIES who seek to support one another’s efforts for the benefit of the people and PARTIES served.

The goal of this MOU is to help establish a deeper relationship between TSA and HFS to foster warm referrals. While we recognize not all program participants for either organization will ultimately qualify for or be referred to corresponding agency services, this partnership can create an opportunity for a direct connection to a domestic violence program or a housing assistance service. This recommendation comes with caveats. Of course, it would be essential that Housing Services staff sign a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter.

TSA Agrees to:

- Provide HFS staff access to designated facility and/or location to perform work associated with the participants they serve.
- Meet with HFS representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When domestic violence, dating violence, stalking or sexual assault is identified by TSA workers, TSA will review advocacy services available and provide referral(s) to HFS when deemed beneficial for consideration.
- Provide referral opportunities for HFS program participants who indicate they are victims of domestic violence, dating violence, sexual assault, or stalking.

HFS Agrees to:

- HFS will provide support and referral services to people fleeing domestic violence, dating violence, sexual assault, or stalking as defined in 24 CF 578.3 and/or victims of human trafficking, and their children. HFS will offer a range of direct services to the survivor and the children including options such as crisis intervention, safety planning, emergency shelter, counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.
- HFS will coordinate with case managers and other staff to share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Provide TSA staff access to designated facility and/or location to perform work associated with the participants they serve as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005.
- Meet with TSA representatives once per quarter or as deemed necessary to understand the services currently provided by their respective programs and review referral policies between agencies.
- When housing needs are identified by HFS workers, HFS will review advocacy services available and provide referral(s) to TSA when deemed beneficial for consideration.
- Provide referral opportunities for TSA program participants who indicate they are literally homeless.

Specific Dates and Times of Usage: HFS staff will typically have access to the TSA facility for the following times of usage: Monday – Friday, 8:00am – 500pm.; HFS staff will also have access to the Shelter per approval in order to access participants and perform functions outside of business hours.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

HIPAA Standards and Privacy: TSA providers agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality of client records.

Hope Family Services shares information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes 39.908, 90.5035 and 90.5036, and the federal Violence Against Women’s Act of 2005. Information shall not be disclosed without the informed, reasonably time-limited, written consent of the survivor

Property: While the premises may be used by HFS staff, HFS will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by HFS staff.

Responsibility for Supplies: HFS is responsible for the provision of all supplies needed for HFS staff to perform duties. Each entity is responsible for its own storage and supply needs. There is no expectation for either party to provide storage or supplies for the other

Entities: HFS and TSA are independent entities. Employees of HFS are not employees of TSA and employees of TSA are not employees of HFS.

Insurance Responsibilities: HFS will provide evidence of insurance including General Liability, Workers’ Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2022, to October 1, 2023 (366 days).**

Authorized Signatures

Hope Family Services

The Salvation Army, a GA Corporation, for
The Salvation Army of Sarasota County

Print Name

Print Name

Title

Title

Date

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

AGREEMENT

Between The Salvation Army, a GA Corp., for The Salvation Army of Sarasota County, FL (“TSA”) and Centerstone of Florida, Bradenton, FL (CENTERSTONE) for a
HOUSING-FOCUSED COLLABORATION

Location:

The Salvation Army Center of Hope
1400 10th Street
Sarasota, FL 34236

Purpose of AGREEMENT: This AGREEMENT sets forth the terms between TSA and CENTERSTONE, the PARTIES, for collaboration in community. This AGREEMENT is to express an understanding between PARTIES who seek to work together to provide collaborative services for homeless participants and formerly homeless participants, for whom joint advocacy and support is beneficial to both the PARTIES and the participants.

Participants: Participants are defined as the following: Individuals identified by TSA through the Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) Programs who are referred specifically to CENTERSTONE and are found appropriate for Centerstone’s “Connections” services, described below. Participants must meet TSA’s standard eligibility requirements and follow TSA’s Program requirements towards sustainability and housing placement as outlined by both federal and Continuum of Care policies.

Goals of Agreement: Individual and shared goals will be accomplished by the PARTIES undertaking the following Agreements in the interest of mutual clients.

CENTERSTONE agrees to:

- Review participants referred by TSA for possible inclusion in the Connections program, which provides outreach and housing navigation using a “housing first” approach that focuses on providing housing as a top priority without precondition or service participation requirements in addition to evidence-based treatment, access to federal income supports, individualized substance abuse treatment and planning, and more.
- Provide intensive case management services to participants by way of a credentialed team comprised of a Program Manager, Case Manager, and other relevant Connections staff. Case management services include but are not limited to mental health services, substance use services, co-occurring disorder services, and life skills education.
- Ensure participants have access to medications and outpatient treatment.
- Ensure CENTERSTONE Connections Clinical Team continues to work with TSA Case Managers for the benefit of the participant.
- Reinforce TSA goals as developed and implemented by the TSA RRH/PSH team.
- Effectively communicate known or developing issues or concerns to the TSA RRH/PSH team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into each participant’s client profile in the Community Services Information System (CSIS) as required.
- Be solely responsible for employment and supervision of CENTERSTONE staff.
- Be solely responsible for salary and benefits of CENTERSTONE staff.
- Provide office space, technology, and storage space needed for CENTERSTONE staff to perform duties.

TSA agrees to:

- Provide housing first, low barrier RRH/PSH services to participants referred through the Coordinated Entry System.
- Provide Intensive Case Management services to participants by way of a strength-based model comprised of Program Managers, Case Managers, and other relevant RRH/PSH staff. Case Management services include but are not limited to rehousing, employment assistance, budgeting, life skills training, case planning towards sustainability, and advocacy.
- Provide rental assistance funding for participants who are engaged in services and continue to meet the requirements of the RRH/PSH program as established by TSA.
- Ensure TSA RRH/PSH team continues to work with CENTERSTONE Connections Team Case Managers for the benefit of the participant.
- Reinforce CENTERSTONE goals as developed and implemented by the CENTERSTONE Connections team.
- Effectively communicate known or developing issues or concerns to the CENTERSTONE Connections Team as soon as practical for the benefit of the participant and partnership of services. Both CENTERSTONE and TSA will utilize a Peer Support Model regarding team interactions and services provided.
- Participate in bi-weekly stakeholder meetings.
- Ensure staff has completed all necessary data entry into participant's client profile in as required.
- Be solely responsible for employment and supervision of TSA staff.
- Be solely responsible for salary and benefits of TSA staff.
- Provide office space, technology, and storage space needed for TSA staff to perform duties.

Additional Provisions:

- CENTERSTONE and TSA reserve the right to enter into arrangements with other providers, whether for the same or similar services, if such PARTY deems it necessary in relation to programmatic or participant needs.

Compensation: This Agreement formalizes a cooperative agreement for making referrals to and providing services to mutual clients/patients. There will be no compensation or payment to either party by the other under this agreement.

Specific Dates and Times of Usage: CENTERSTONE staff will typically work within the following time window and will therefore have access to the above TSA facility for the following times of usage: Monday through Friday, 7:00 a.m. to 5:00 p.m.; CENTERSTONE staff will also have access to the above TSA facility as needed per approval of the TSA Director of Planning & Programs in order to access partnership participants and perform functions related to the Housing Collaboration. Most services provided by CENTERSTONE and TSA will be conducted in the community and/or, for those clients who have moved into permanent housing via the RRH or PSH Program, in a participant's dwelling.

Mutual Indemnity: Each PARTY shall hold harmless, and indemnify the other PARTY and its directors, officers, agents and employees against any and all loss, liability, damage, or expense. However, neither PARTY shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its sole negligence or willful misconduct.

Confidentiality: As applicable, both providers will abide by the Health Insurance Portability and Accountability Act (HIPAA) Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, and any other applicable federal or state laws pertaining to confidentiality of client records. Only with a signed release of information may the parties share client information.

Property: While the premises are used by CENTERSTONE staff, CENTERSTONE will be responsible for any damage to the premises, its furniture, fixtures or other accoutrement caused by CENTERSTONE staff.

Responsibility for Supplies: CENTERSTONE is responsible for the provision of all supplies needed for CENTERSTONE staff to perform duties.

Storage Space: CENTERSTONE is responsible for the provision of storage space needed for CENTERSTONE staff to perform duties.

Relationship: Both PARTIES understand this AGREEMENT does not create a landlord/tenant relationship.

Entities: CENTERSTONE and TSA are independent entities. Employees of CENTERSTONE are not employees of TSA and employees of TSA are not employees of CENTERSTONE.

Insurance Responsibilities: CENTERSTONE will provide evidence of insurance including General Liability, Workers' Compensation and other insurance applicable to services provided under this agreement. Such insurance coverage may be either in the form of self-insurance and primary and/or excess coverage from responsible companies duly authorized to do business in the State of Florida. *General Liability policies required by this Agreement shall name The Salvation Army, A Georgia Corporation, 1424 Northeast Expressway, Atlanta, GA 30329-2088 as the Certificate Holder.*

Funding: This Agreement is not a commitment of funds.

Duration and Termination: This AGREEMENT is at-will and may be terminated at any time by either PARTY in writing. Otherwise, this AGREEMENT is effective from **October 1, 2021 to September 30, 2023.**

Authorized Signatures


CENTERSTONE OF FLORIDA, BRADENTON, FL

Melissa Larkin-Skinner

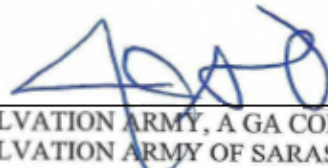
Print Name

CEO

Title

9/30/21

Date


THE SALVATION ARMY, A GA CORPORATION, FOR
THE SALVATION ARMY OF SARASOTA COUNTY, FL

JAMES K. SEILER

Print Name

TREASURER

Title

OCT 18 2021

Date

A copy of The Salvation Army Policy Statement on Relationships with Other Groups and Organizations must be attached to each copy of all contracts (Minute PL029 - "Relationships Between The Salvation Army and Other Groups and Organizations" - Guidelines, §IV--Procedures for Processing Contracts).

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/18/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. **Legal Name:** Society of St. Vincent de Paul South Pinellas, Inc.

b. **Employer/Taxpayer Identification Number (EIN/TIN):** 59-2380770

c. **Unique Entity Identifier:** U5XLSCJJP9A6

d. Address

Street 1: 384 15th Street North

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33705-2016

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Edi

Middle Name:

Last Name: Erb

Suffix: MSW

Title: Chief of Compliance

Organizational Affiliation: Society of St. Vincent de Paul South Pinellas, Inc.

Telephone Number: (727) 201-9871

Extension:

Fax Number: (727) 821-6244

Email: edi@svdp.care

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Returning Home - Suncoast NPH 2023

16. Congressional District(s):

16a. Applicant: FL-014

16b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 11/01/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Telephone Number: (727) 954-7990
(Format: 123-456-7890)

Fax Number: (727) 821-6244
(Format: 123-456-7890)

Email: michael@svdp.care

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/18/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Society of St. Vincent de Paul South Pinellas, Inc.

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Society of St. Vincent de Paul South Pinellas, Inc.

Telephone Number: (727) 954-7990

Extension:

Email: michael@svdp.care

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip/Postal Code: 33705-2016

2. Employer ID Number (EIN): 59-2380770

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$278,981.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|---|
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$136,000.00 | Services and rental assistance for Eligible Households (Polk County) |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$131,500.00 | Services and rental assistance for eligible households in Pasco County |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$49,600.00 | Services and rental assistance for eligible households in Mid FL Counties |

| | | | |
|---|-------|--------------|---|
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$62,030.00 | Services and rental assistance for eligible households in Pinellas County |
| Department of Veterans Affairs, Supportive Services for Veteran Families Program Office, 810 Vermont Ave, NW, Room 6-1310, Washington, DC 20420 | Grant | \$158,105.00 | Services and rental assistance for eligible households in Lower South Side of Bay Pines |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Michael Raposa, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/18/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Society of St. Vincent de Paul South Pinellas, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|---|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. | <p>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p> |
| b. | <p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. |
| c. | <p>Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p> |
| d. | <p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |
| e. | <p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| f. | <p>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| g. | <p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Telephone Number: (727) 954-7990
(Format: 123-456-7890)

Fax Number: (727) 821-6244
(Format: 123-456-7890)

Email: michael@svdp.care

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/18/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Society of St. Vincent de Paul South Pinellas, Inc.

Name / Title of Authorized Official: Michael Raposa, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/18/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Society of St. Vincent de Paul South Pinellas, Inc.

Street 1: 384 15th Street North

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33705-2016

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.
First Name: Michael
Middle Name: J.
Last Name: Raposa
Suffix:
Title: Chief Executive Officer
Telephone Number: (727) 954-7990
(Format: 123-456-7890)
Fax Number: (727) 821-6244
(Format: 123-456-7890)
Email: michael@svdp.care
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Society of St. Vincent de Paul South Pinellas, Inc.
Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Raposa

Suffix:

Title: Chief Executive Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.



Date Signed: 09/18/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The Society of St. Vincent de Paul South Pinellas, Inc., doing business as St. Vincent de Paul CARES (SVdP CARES), incorporated in 1985, relying on donations and volunteers to provide spiritual and material support to people in Pinellas County who were hungry, families living in poverty, and many who were experiencing homelessness. As the need increased, SVdP CARES secured local, state, and federal grants to expand programs in Pinellas and other communities.

We first received federal funds in 2002 in the form of a capital grant award from the U.S. Department of Veterans Affairs (VA) to renovate an old hospital in Pinellas County which would provide transitional housing for homeless Veterans. The organization successfully leveraged additional federal and local funding to create a food center and emergency and transitional housing for Veterans, non-Veterans, and families with children that are still in operation today. In 2012, we received a \$1 million grant from the VA Supportive Services for Veteran Families (SSVF) Program to provide rapid rehousing services to Veterans in Pinellas County.

Having effectively managed the initial SSVF Program Grant, SVdP CARES received increased funding annually from the VA to expand rapid rehousing for Veterans in Pinellas and surrounding areas. Beginning in 2016, through the Department of Housing and Urban Development (HUD), SVdP CARES received funding to expand rapid rehousing for non-Veterans in Pinellas and Pasco Counties and later in Polk, Citrus, Hernando, Lake, Sumter, Sarasota, Manatee, Charlotte, and Lee Counties. Our rapid rehousing services are client-driven and trauma-informed, providing housing identification, flexible financial assistance, and housing-based case management, along with leveraged wrap-around support through community partnerships.

In the last five years, our operations have grown by nearly 800% with increased funding from the VA, HUD, and other local agencies and private corporations to support new programming and provide the needed match for many government grants. Today, SVdP CARES is managing a budget of more than \$40 million that includes federal, state, and local government funds, private donations, and foundation grants for services in 19 Florida counties. This includes managing funds to support the operation of project-based and non-congregate emergency housing, transitional housing, permanent supportive housing, and rapid rehousing and prevention services.

The organization is governed by a voluntary group of highly committed individuals known as the Special Works Board (SWB), who are responsible for providing strategic direction and overseeing operations to ensure regulatory compliance. The Finance Committee, which reports directly to the SWB, oversees the organization’s financial management system. Fiscal Policy establishes clear lines of authority and responsibility for contract management in accordance with Generally Accepted Accounting Principles (GAAP) and contract regulations.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

SVdP CARES has a rich history of leveraging resources and utilizing volunteers to support services. Our early work was primarily supported through volunteers and donations. In 2002, a federal grant from the U.S. Department of Veterans Affairs (VA) supported the partial renovation of an abandoned hospital to provide temporary housing for homeless Veterans. These funds were leveraged to secure additional federal and local funding to support the complete rehabilitation of the facility to create a food center and temporary housing for Veterans and non-Veterans. We further leveraged resources to support the operational costs and services including, but not limited to, employment services, counseling, peer support, legal assistance, and more.

In 2012, SVdP CARES implemented rapid rehousing in Pinellas County with a VA Supportive Services for Veterans Families Program Grant. Building on our success, we leveraged additional federal, state, and local funds to expand rapid rehousing in Pinellas and other areas and broadened the population served to include non-Veterans. HUD CoC funding was first awarded in 2016 for Pinellas and Pasco counties, and in 2019, with additional HUD funding, we expanded to include Polk, Manatee, Sarasota, Charlotte, Lee, and four Mid-Florida Counties.

Local funding was leveraged beginning in 2017 when the City of St. Petersburg collaborated with Pinellas County and awarded \$350,000 for rapid rehousing, which today is more than \$500,000 annually. Other communities followed suit and SVdP CARES receives local support for services annually through the CoC and local government in Hillsborough, Charlotte, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, and Mid-Florida Counties.

Our success at assisting individuals and families in moving into permanent housing was used to leverage private donors and foundations, which support match and expenses not eligible under the grants. In 2018, we implemented a two-year pilot for rapid rehousing in Sarasota with \$2 million in private funding. The pilot has ended but we continue to receive private support for our work in Sarasota County. The support we receive through private foundations has grown across the service area. More than \$40,000 in private funding is received each year to support Delivering Dreams, an initiative to assist households in purchasing items needed for living independently including, but not limited to, household, bath, and kitchen supplies, beds, and other light furnishings.

SVdP CARES leverages resources to support housing stability through community partnerships such as food pantries through churches and service providers including All Faiths Food Bank; treatment through Central Florida Behavioral Health, Aetna, Center Place Health and First Step; legal services through Legal Aid Services of Manasota and Gulf Coast Legal; childcare through the Early Learning Coalition, Healthy Start Coalition, YMCA, and Children First; adult education through Suncoast Alliance, school districts of Sarasota and Manatee Counties, Suncoast Technical College, and Manatee Literacy Council; employment services through AARP, CareerSource Suncoast and Goodwill Manasota; and general housing goods assistance through Streets of Paradise. General assistance and spiritual counseling are leveraged through local SVDP Conferences where community volunteers assist with basic needs, utility payments, and vouchers for free or low-cost housing supplies and furniture to those in need.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

SVdP CARES is governed by the Special Works Board (SWB), a voluntary group of highly committed individuals, responsible for providing strategic direction and overseeing operations to ensure regulatory compliance. The Finance Committee, which reports directly to the SWB, oversees the organization’s financial management system.

We use QuickBooks, a fund-based accounting software, to identify revenues and expenses by contract. An inclusive and descriptive chart of accounts allows for expenditures to be identified according to eligible activity classifications specified in the statute, regulations, or grant agreement. A cost is allocable to a particular federal award or other cost objective if the goods or services involved are chargeable or assignable to that funding, included in the budget, and have the appropriate supporting documentation. When a cost benefits more than one program, the expense is allocated in proportion to the benefit received, using reasonable methods.

The financial management system is based on a modified accrual method of accounting and provides current and future information for decision-making on cash flow, resources, obligations, transactions, and circumstances that impact resources. The financial management system provides for accurate, current, and complete disclosure of the financial results of each federal award to assure compliance with applicable reporting requirements. Policy and procedures ensure strong internal controls and segregate responsibilities so that no one individual has complete authority over a financial transaction.

The Finance Department consists of the Chief Financial Officer (CFO), Senior Accountants, Staff Accountants, and Grant Accountants who work with the Leadership Team, including the Chiefs of Housing, Homeless Services, and Compliance, Regional Directors, Managers, and Supervisors, to implement services according to grant and contract requirements. The CFO reviews every program’s actual and budgeted financial information with the Executive and Management Teams on a quarterly basis, or more frequently if needed, and prepares reports for the Finance Committee. The Finance Department monitors the cash flow monthly and reports any significant fluctuations to the Finance Committee and Executive Team.

Annually, an independent accounting firm recommended by the Audit Committee and approved by the SWB audits the organization’s fiscal records, as required by 2 CFR Part 200 Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards. The auditors have consistently found SVdP CARES in compliance with GAAP and the requirements of our federal, state, and local contracts. There were no material weaknesses identified in the FY22 Audit.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** Yes

4a. Describe the unresolved monitoring or audit findings.

SVdP CARES was monitored by HUD in July 2023 and received a final report on August 14, 2023, with one finding and no concerns.

Areas reviewed included grant management and record keeping, program-specific requirements, and financial management. There were no findings or concerns in grant management, record keeping, and program-specific requirements. From the report, "...It was determined that the Society of St. Vincent de Paul South Pinellas, Inc. is in compliance with overall grant management...that the recipient is assessing and documenting program participant's homeless status upon entry into the program, complying with CoC rapid rehousing housing requirements, and expenditures for eligible CoC supported program costs. As a result, there are no findings or concerns."

A review of randomly selected vouchers, as part of the monitoring of financial management, included expenses such as rental assistance, supportive services, HMIS costs, and administrative costs. From the Report, "Based on this section of the monitoring review, it was determined that Society of St. Vincent de Paul South Pinellas, Inc. is not in compliance with Administrative Costs. As a result, there is one (1) finding and no concerns."

"Condition - During the remote monitoring review, the Society of St. Vincent de Paul South Pinellas, Inc. could not adequately account for the time/hours charged by their employees for Administration Costs of CoC Charlotte FY 2020 FL0660L4D022004 grant. Primarily, this occurred while reviewing Voucher # 501-00749171, Line-Item # 1051 under "Administrative" tab in the amount of \$755.90."

"Corrective Action - To address this deficiency, Society of St. Vincent de Paul South Pinellas, Inc. is requested to update its policies and procedures to include supported documentation as a vital document, inclusive of the recording of time sheets. The policies and procedures manual should detail the total number of hours worked each day on each federally funded grant. The requested updated policies and procedures should be disseminated to staff via written memo and a copy of this certification along with the updated policies should be submitted to our office within 30 days from receipt of this letter."

Response: SVdP CARES process at the time of the review was to use time studies to capture time on projects. Staff then signed timecards indicating reported allocations were accurate or adjusted based on a change in focus of their time. SVdP CARES' corrective action is to amend this process to record actual work time on federal grants for admin staff. This process is already in place for direct service staff. With the approval of the Miami HUD Office, the response will be submitted by 9/21/2023.

3A. Project Detail

1. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

2. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

3. Project Name: Returning Home - Suncoast NPH 2023

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

- 1. Provide a description that addresses the entire scope of the proposed project.**

This is a rapid rehousing program aligned with the principles of Housing First which includes low barriers to admission targeting the most vulnerable, supporting choice and self-determination, and facilitating social and community integration. The focus is to provide permanent housing quickly without preconditions such as sobriety, treatment adherence, income, or service participation. The program serves both individuals and families, including Veterans, non-Veterans, and households with high barriers to accessing housing. All households are prioritized and referred through the Coordinated Entry System, for rapid rehousing as the most appropriate intervention to end their homelessness. Households with higher acuity may be eligible based on the project’s capacity to meet their needs, which generally means intensive case management and additional wrap-around support.

Services include an individualized assistance package including housing identification, time-limited financial assistance, and case management. Training includes the principles of Housing First, Trauma Informed Care, Harm Reduction, and Motivational Interviewing to provide staff the skills to empower clients to take control of their lives and create an atmosphere of collaboration and respect. Using progressive engagement, we offer what is needed to resolve the housing crisis and provide additional support as necessary.

The project will provide time-limited support for an estimated 10 households a point in time including 3 studio, 3 one-bedroom, 3 two-bedroom apartments, 1 three-bedroom. With an expectation that some households will need less than 12 months of assistance, an estimated 15 households will be assisted annually. Other costs included are application and administration fees, security and utility deposits, and other expenses incurred when moving into housing. Match funds will support an additional 5 Veteran households. Financial assistance is needs-based, and households are expected to share in the cost of their housing.

A housing specialist, skilled in landlord engagement, works to identify housing options for households with high barriers who would otherwise not pass typical tenant screening criteria. Staff then focus on matching clients based on their housing preferences with housing opportunities available. The housing specialist provides ongoing support to landlords, educates clients on leasing requirements, and ensures selected units meet Housing Quality Standards.

Case management focuses on issues that impede access to housing. Based on an assessment of the household’s needs, a client-driven plan is developed to address the barriers to accessing and retaining housing. Support services needed to promote stability, provided directly, and leveraged through community partnerships, may include education or training, childcare, early childhood education, after-school programs, transportation, employment services, legal services, physical and behavioral healthcare, budgeting classes, credit counseling, and referral for public benefits (i.e. Food Stamps, TANF, and Unemployment). Households seeking disability income will receive assistance from SOAR-trained staff. After moving in, the focus shifts to barriers that impact retention.

Project outcomes

85% or more of assisted households will move into housing

30% or more of assisted households will increase financial resources

Follow-up is completed at 30, 60, 90, and 180 days, and 12 months post-exit

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 14 | | | |
| Begin program participant enrollment | 30 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 180 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|-------------------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| Families | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input checked="" type="checkbox"/> |

Other: Persons with high service needs and or significant behavioral health challenges or functional impairments

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

5d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Consistent with national standards, this Rapid Rehousing program will assist individuals and families in quickly exiting homelessness into safe permanent housing through an individually tailored package of assistance that includes housing identification, time-limited financial assistance, and housing-based case management. Aligned with the principles of Housing First, the staff offers service and housing without preconditions or barriers, such as employment, income, sobriety, treatment adherence, absence of a criminal record, or service participation.

Persons are prioritized through the Coordinated Entry System. A case manager first addresses any urgent needs such as emergency housing, food, water, health care, or legal services. A client-driven housing stability plan guides the work, focusing on the barriers to accessing housing and later addressing retention. The project uses a strengths-based approach that empowers clients to make their own choices and progressive engagement, which identifies just what is needed to resolve the housing crisis, providing additional support as necessary.

A housing specialist, skilled at landlord engagement, reviews with clients the housing options available, their preferences, and the barriers that impede their access to housing. Preferences include location, the types of units such as apartments, single-family homes, or shared housing, amenities, and proximity to places frequented by the household. Our organization employs housing navigators who work across programs to identify housing opportunities by building partnerships with landlords willing to work with clients with high barriers. Then a housing specialist reviews the identified available market-rate and subsidized housing units most aligned with participants' preferences, within their budget, based on reasonable income assumptions, and rent reasonableness. Clients are shown properties that most closely represent their desires.

Temporary financial assistance includes monthly rent, utility and security deposits, and move-in expenses. With more challenging renters, we offer up to two months' security deposit and last month's rent. Payments for assistance go to a third party after confirming ownership and that the property meets housing quality standards. Staff review lease responsibilities with participants and assist participants in moving into selected housing.

Once clients move into permanent housing, case managers conduct regular home visits and focus on issues that could interfere with long-term stability. Wrap-around services to support stability are provided directly or leveraged through community partnerships. This includes education or training, childcare, early childhood education, after-school programs, transportation, employment services, physical and behavioral healthcare, budgeting classes, credit counseling, and public benefit referrals. Staff instruct participants on how to be good tenants and intervene with property management to resolve conflicts. Clients needing longer-term support will be assisted in accessing permanent supportive or subsidized housing.

At their exit, clients are asked if the organization may contact them once they are no longer receiving services. Outreach staff and other volunteers contact exited clients at 30, 60, 90, and 180 days, and one year to assess their stability and any additional support needs. Outreach will be engaged after three failed attempts to assist in locating the client.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Case managers work with each household to assess their barriers to obtaining and maintaining housing. As part of this assessment, the case manager evaluates the household’s current received benefits, potential eligible benefits, and the employment status of each adult. This includes evaluating access to healthcare and facilitating access based on the clients' plan. Case managers use online tools to assist in determining potential eligibility for benefits and help the household complete any needed applications.

Based on the needs identified, staff assists the household in developing a plan to increase financial resources and address other factors they wish to address to support housing stability. A discussion of the type of housing available and estimated cost helps identify how much income the client will need to assume responsibility for housing once temporary assistance is no longer available. Services identified in the housing plan may include education or training needed to obtain employment or advance in their job, transportation, employment services, budgeting classes, credit counseling, childcare, early childhood education, after-school programs, legal services, physical and behavioral healthcare by accessing Medicaid, Medicare or assistance through a FQHC, and referral for public and other mainstream benefits and services (i.e. Food Stamps, TANF, Unemployment, LIHEAP, and Workforce).

Case managers will be trained in, or at least familiar with, SOAR (SSI/SSDI Outreach, Access, and Recovery), so they can assist with disability benefits applications when community resources are not available. Households that are not eligible for benefits and/or seeking employment will be assisted in accessing CareerSource or other employment services for assessment of marketable skills, resume writing, employability skills training, specialty programs, and assistance in job search.

Additional support needed will be provided directly or accessed through community resources such as food pantries through churches and service providers including All Faiths Food Bank; treatment through Central Florida Behavioral Health, Aetna, Center Place Health and First Step; legal services through Legal Aid Services of Manasota and Gulf Coast Legal; childcare through the Early Learning Coalition, Healthy Start Coalition, YMCA, and Children First; adult education through Suncoast Alliance, school districts of Sarasota and Manatee Counties, Suncoast Technical College, and Manatee Literacy Council; employment services through AARP, CareerSource Suncoast and Goodwill Manasota; and general housing goods assistance through Streets of Paradise. General assistance and spiritual counseling are leveraged through local SVDP Conferences where community volunteers assist with basic needs, utility payments, and vouchers for free or low-cost housing supplies and furniture to those in need when funds are available.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

| Supportive Services | Provider | Frequency |
|--|-------------|-----------|
| Assessment of Service Needs | Applicant | Monthly |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Weekly |
| Child Care | Applicant | As needed |
| Education Services | Applicant | As needed |
| Employment Assistance and Job Training | Applicant | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | Weekly |
| Legal Services | Applicant | As needed |
| Life Skills Training | Non-Partner | As needed |
| Mental Health Services | Applicant | As needed |
| Outpatient Health Services | Applicant | As needed |
| Outreach Services | Non-Partner | As needed |
| Substance Abuse Treatment Services | Applicant | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | As needed |

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 15

Total Beds: 26

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 15 | 26 | 0 |

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 15

b. Beds: 26

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 384 15th Street N.

Street 2:

City: St. Petersburg

State: Florida

ZIP Code: 33705

*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

129115 Sarasota County, 120270 Bradenton,
129081 Manatee County, 122766 Sarasota

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Number of Households | 4 | 11 | 0 | 15 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Persons over age 24 | 5 | 10 | | 15 |
| Persons ages 18-24 | 1 | 3 | | 4 |
| Accompanied Children under age 18 | 7 | | 0 | 7 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 13 | 13 | 0 | 26 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | 1 | 1 | | 4 |
| Persons ages 18-24 | | | | | | | | | | 1 |
| Children under age 18 | | | | | | 1 | | 1 | 1 | 4 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 9 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|--------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | 3 | 2 | | 2 | | 2 | | 1 |
| Persons ages 18-24 | | | 2 | 2 | | | | 1 | | |
| Total Persons | 0 | 0 | 5 | 4 | 0 | 2 | 0 | 3 | 0 | 1 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

persons with no reported condition

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

3a. Complete the indirect cost rate table below

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Plan approved by cognizant agency or will use 10% de minimis rate |
|------------------|--------------------|------------------|---|
| NA | 10% | \$77,926 | Will use 10% de minimis rate |

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?
(13 to 18 months) No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|----------------------------------|-----------|
| Total Annual Assistance Request: | \$143,916 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$143,916 |
| Total Units: | 10 |

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 10 | \$143,916 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|--|---------------------------|
| SRO | 0 | x | \$690 | x | 12 | = | | \$0 |
| 0 Bedroom | 3 | x | \$920 | x | 12 | = | | \$33,120 |
| 1 Bedroom | 3 | x | \$1,081 | x | 12 | = | | \$38,916 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$1,385 | x | 12 | = | \$49,860 |
| 3 Bedrooms | 1 | x | \$1,835 | x | 12 | = | \$22,020 |
| 4 Bedrooms | | x | \$2,185 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$2,513 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,841 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,168 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$3,496 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,824 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 10 | | | | | | \$143,916 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$143,916 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|-----------------------------|
| 1. Assessment of Service Needs | | \$0 |
| 2. Assistance with Moving Costs | Assistance with moving personal belongings into or from storage estimated for 20% of the households at an average \$450 | \$1,350 |
| 3. Case Management | Projected salaries and benefits for case management and direct support by 0.50 FTE case manager, 0.05 FTE operations manager, 0.05 FTE operations supervisor and 0.05 SOAR operations manager all providing direct support, 0.02 FTE grant accountant, with allocated direct related operational costs estimated at \$4,857 and \$4,862 based on a 10% de minimis rate for indirect costs | \$58,337 |
| 4. Child Care | Childcare for 20% of the households @\$240 each for single days needed prior to accessing Early Learning Coalition | \$720 |
| 5. Education Services | Education-related expenses such as the cost for testing, classes, books, and tutoring for 30% of the households @\$150 each and \$67.50 based on a 10% de minimis rate for indirect cost | \$743 |
| 6. Employment Assistance | Employment-related expenses such as screening and assessment, job skills training, and books and instructional materials for 30% of the households @\$240 each and \$108 based on a 10% de minimis rate for indirect cost when not available through other community resources | \$1,188 |
| 7. Food | Food assistance for items unavailable through food pantries and when other resources are not available and/or SNAP benefits are exhausted is estimated @\$275.00 for 100% of the households | \$4,125 |
| 8. Housing/Counseling Services | Projected salaries and benefits for housing search and placement by 0.29 FTE housing specialist and other related operational costs estimated at \$1,805, and \$1,807 based on a 10% de minimis rate for indirect costs, and application fees estimated at \$100 for 125% of the households to account for multiple adults and multiple applications | \$23,562 |
| 9. Legal Services | Legal-related expenses for 25% of the households @\$400 each and \$150 based on a 10% de minimis rate for indirect cost | \$1,650 |
| 10. Life Skills | | \$0 |
| 11. Mental Health Services | Mental health-related costs when not covered by the client's health insurance, the FQHC, or other community provider for an estimated 4 households @\$240 | \$960 |
| 12. Outpatient Health Services | Health-related expenses for an estimated 4 households @\$220 each when not covered by client's health insurance, FQHC, or other community provider | \$880 |
| 13. Outreach Services | | \$0 |
| 14. Substance Abuse Treatment Services | Substance abuse treatment-related expenses for an estimated 4 households @\$220 for costs not covered by the client's health insurance, the FQHC, or other community provider | \$880 |
| 15. Transportation | Allocated costs to transport clients @\$5,489 for leasing, insurance, fuel, and maintenance, 30-day bus passes @\$36 for 33% of households monthly, 360 single-day unlimited use @\$1.50 each, plus \$745 for indirect costs based on 10% de minimis, \$1,609 for mileage reimbursement when leased vehicle unavailable at \$0.655 per mile for approximately 204 miles monthly | \$9,809 |
| 16. Utility Deposits | Utility deposits for electric, gas, water, and sewer estimated for 100% households at \$300 each | \$4,500 |
| 17. Operating Costs | | \$0 |
| Total Annual Assistance Requested | | \$108,704 |
| Grant Term | | 1 Year |

Applicant: Society of St. Vincent de Paul South Pinellas, Inc.

021474730

Project: Returning Home - Suncoast NPH 2023

213895

| | | |
|------------------------------|--|-----------|
| Total Request for Grant Term | | \$108,704 |
|------------------------------|--|-----------|

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$1,000 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$0 |

| | |
|------------------------------|---------|
| CoC VAWA BLI Total: | \$1,000 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$1,000 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$69,800 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$69,800 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Name of Source | Amount of Commitments |
|------|------------|----------------------|-----------------------|
| Cash | Government | U.S. Department o... | \$69,800 |

Sources of Match Detail

1. **Type of Match commitment:** Cash

2. **Source:** Government

3. **Name of Source:** U.S. Department of Veterans Affairs
(Be as specific as possible and include the office or grant program as applicable)

4. **Amount of Written Commitment:** \$69,800

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$143,916 | 1 Year | \$143,916 |
| 4. Supportive Services (Screen 6F) | \$108,704 | 1 Year | \$108,704 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$1,000 | 1 Year | \$1,000 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$253,620 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$25,361 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$278,981 |
| 12. Cash Match (From Screen 6I) | | | \$69,800 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$69,800 |
| 15. Total Project Budget for this grant, including Match | | | \$348,781 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Michael Raposa

Date: 09/18/2023

Title: Chief Executive Officer

Applicant Organization: Society of St. Vincent de Paul South Pinellas, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

| Page | | Last Updated |
|--------------------------------|---------|--------------|
| New Project Application FY2023 | Page 60 | 09/26/2023 |

| | |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/15/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/17/2023 |
| 1E. SF-424 Compliance | 09/15/2023 |
| 1F. SF-424 Declaration | 09/15/2023 |
| 1G. HUD 2880 | 09/15/2023 |
| 1H. HUD 50070 | 09/15/2023 |
| 1I. Cert. Lobbying | 09/15/2023 |
| 1J. SF-LLL | 09/15/2023 |
| IK. SF-424B | 09/15/2023 |
| 1L. SF-424D | 09/15/2023 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/18/2023 |
| 3A. Project Detail | 09/17/2023 |
| 3B. Description | 09/17/2023 |
| 3C. Expansion | 09/15/2023 |
| 4A. Services | 09/17/2023 |
| 4B. Housing Type | 09/17/2023 |
| 5A. Households | 09/17/2023 |
| 5B. Subpopulations | 09/17/2023 |
| 6A. Funding Request | 09/17/2023 |
| 6E. Rental Assistance | 09/17/2023 |
| 6F. Supp Srvcs Budget | 09/18/2023 |
| VAWA Budget | No Input Required |
| 6I. Match | 09/18/2023 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7D. Certification | 09/15/2023 |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/21/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Catholic Charities, Diocese of Venice, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-2473176

c. Unique Entity Identifier: FTXXZCN4B753

d. Address

Street 1: 1000 Pinebrook Road

Street 2:

City: Venice

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34285-6426

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Sandi

Middle Name: Lynn

Last Name: Rowland

Suffix:

Title: Director of Grants

Organizational Affiliation: Catholic Charities, Diocese of Venice, Inc.

Telephone Number: (941) 222-1910

Extension:

Fax Number: (941) 441-1150

Email: sandi.rowland@catholiccharitiesdov.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCDOV RRH DV Bonus Project

16. Congressional District(s):

16a. Applicant: FL-016, FL-017

16b. Project: FL-016, FL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Eduardo

Middle Name:

Last Name: Gloria

Suffix:

Title: CEO

Telephone Number: (941) 484-9543
(Format: 123-456-7890)

Fax Number: (941) 441-1150
(Format: 123-456-7890)

Email: eduardo.gloria@catholiccharitiesdov.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Catholic Charities, Diocese of Venice, Inc.

Prefix: Mr.

First Name: Eduardo

Middle Name:

Last Name: Gloria

Suffix:

Title: CEO

Organizational Affiliation: Catholic Charities, Diocese of Venice, Inc.

Telephone Number: (941) 484-9543

Extension:

Email: eduardo.gloria@catholiccharitiesdov.org

City: Venice

County: Sarasota

State: Florida

Country: United States

Zip/Postal Code: 34285-6426

2. Employer ID Number (EIN): 59-2473176

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$398,545.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| Lee County Human & Veteran Services 2440 Thompson St, Fort Myers, FL 33901 | grant- ESG | \$1,079,237.00 | RRH |
| Lee County Human & Veteran Services 2440 Thompson St, Fort Myers, FL 33901 | grant- CoC | \$212,976.00 | RRH |
| Lee County Human & Veteran Services 2440 Thompson St, Fort Myers, FL 33901 | grant-CoC | \$256,726.00 | DV RRH |
| Lee County Human & Veteran Services 2440 Thompson St, Fort Myers, FL 33901 | grant- ESG RUSH | \$563,634.00 | RRH |
| Gulfcoast Partnership to End Homelessness 408 Tamiami Trl, Punta Gorda, FL 33950 | grant- YHDP | \$382,310.00 | RRH |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Eduardo Gloria, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Catholic Charities, Diocese of Venice, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Eduardo

Middle Name

Last Name: Gloria

Suffix:

Title: CEO

Telephone Number: (941) 484-9543
(Format: 123-456-7890)

Fax Number: (941) 441-1150
(Format: 123-456-7890)

Email: eduardo.gloria@catholiccharitiesdov.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Catholic Charities, Diocese of Venice, Inc.

Name / Title of Authorized Official: Eduardo Gloria, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Catholic Charities, Diocese of Venice, Inc.

Street 1: 1000 Pinebrook Road

Street 2:

City: Venice

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34285-6426

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Eduardo

Middle Name:

Last Name: Gloria

Suffix:

Title: CEO

Telephone Number: (941) 484-9543
(Format: 123-456-7890)

Fax Number: (941) 441-1150
(Format: 123-456-7890)

Email: eduardo.gloria@catholiccharitiesdov.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Catholic Charities, Diocese of Venice, Inc.

Prefix: Mr.

First Name: Eduardo

Middle Name:

Last Name: Gloria

Suffix:

Title: CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2023

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Catholic Charities Diocese of Venice has a proven track record in developing and managing housing programs that prevent homelessness and provide long term housing solutions for vulnerable populations. CCDOV’s executive team has substantial experience overseeing and ensuring compliance for well-known federal grant programs such as ESG; HUD SHP; HUD TH-RHH; HUD RRH; HUD VASH; SAMHSA TCE-HIV; DOJ-OJP; HRSA 330H (for federally qualified health care facilities serving homeless); HOPWA; and VA grant per diem funding providing transitional housing for veterans.

CCDOV’s recent and current programs addressing homelessness include the following:

Transitional to Rapid Re-housing (TH-RRH) with Suncoast CoC in Sarasota for persons experiencing homelessness funded by the US Department of Housing and Urban Development (USHUD) at \$83,275 (annually).

Rapid Re-housing under an ESG-CV contract with Suncoast CoC in Sarasota County

Rapid Re-housing under an ESG-CV contract with Lee County for \$1,079,237

Rapid Re-housing and targeted case management for victims of human trafficking funded by the US Department of Justice (USDOJ) at \$930,000 over 3 years

Rapid Re-housing and targeted case management for victims of human trafficking funded by USDOJ Office of Victims Programs (OJP) at \$500,000 over 3 years

Supportive Services for housing clients \$479,237 over three years with ARPA (American Rescue Plan Act) funding through Lee County

Rapid Re-housing \$400,000 with ARPA funding through Lee County United Way over two and a half years

Youth Homeless Demonstration Project, funding through Charlotte County CoC \$390,595

Hotel/Motel Placement – with federal EFSP funding, CCDOV assists individuals and families in various Southwest Florida counties experiencing a housing crisis and I need of temporary shelter.

All of the above referenced housing programs maintain high occupancy rates, few evictions for non-compliance and a successful track record in transitioning clients to other forms of permanent housing. Catholic Charities’ Housing programs are serving hundreds of homeless families and individuals each year.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Catholic Charities Diocese of Venice’s leadership, staff, Board and regional Advisory Boards are all committed to the successful implementation of all of the agency’s anti-poverty programs and to continuing to offer quality services to low-income residents in the communities covered in the 10 county Diocese. While grant funding is a critical component of the agency budget, programs are also funded through an annual Diocesan subsidy, community donations and fundraising events. In addition, the agency has reserve funds to cover situations where anticipated funding is reduced or lost. The Board of Directors has recently adopted a five-year strategic plan with six programmatic priorities identified. Affordable housing is one of the top priorities for the agency. CCDOV is in a position to easily scale program implementation and deliverables based on changes in funding levels.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Catholic Charities Diocese of Venice Inc. maintains a system of procedures and cross referencing to minimize the likelihood of misappropriation of funds and maximize the ability to detect such should it occur. Awarded funds are accounted for separately and distinctly from other sources of funding. All grant awards received are kept separate in the financial management system and are assigned a unique element number to allow tracking of revenue and expenditures. CCDOV maintains an internal accounting policy & procedure manual that is reviewed periodically to ensure compliance with federal/state accounting regulations. General topic areas include Internal Control, General Ledger & Journal Entries, Cash, Prepaid Expenses, Investments, Property, Plant & Equipment, Cash Disbursement Forms, Payroll, Budget Process, Cost Allocation, Fund Development and Ethical Behavior. Financial management system tracks each grant’s actual expenditures. The financial management system manages and tracks all budget lines for numerous awards separately. CCDOV posts expenditures as expensed, revenues as received, and runs reports (ie. budget, balance sheet, & cash flow) for each individual program. Generally, drawdowns are based on expenditures already incurred. The CCDOV Finance Manager (reports to Director of Finance) tracks the availability of funds for drawdown in a timely manner through, in most cases, electronic transfer of funds. All transactions are reviewed by two or more separate persons/departments within the agency and then reviewed / verified by the Internal Auditor. CCDOV undergoes a rigorous annual audit by independent Certified Public Accountants at the end of each calendar year. Per fund guidelines, CCDOV retains all inactive documents in a secure setting, provides secure / confidential access for the duration required by law, & destroys the documents when appropriate. All required records are retained for 7 years or longer as specified by the funder. The Finance Director and CEO have experience in the management of federal funds, including 2 CFR Part 200.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. CoC Number and Name: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

2. CoC Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

3. Project Name: CCDOV RRH DV Bonus Project

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Catholic Charities Diocese of Venice (CCDOV) proposes to provide victim-center Rapid Rehousing (RRH) to assist victims of domestic violence, sexual assault, dating violence, trafficking and stalking locate and secure permanent housing in Sarasota and Manatee counties. In addition to housing, the program will offer clients intensive case management including free mental health counseling, SOAR screening for SSI and SSDI eligibility, referral to employment and training opportunities, and connection to low-cost medical care. These interventions address many of the barriers faced by victims of domestic violence as they seek to gain financial independence and rebuild their lives. CCDOV is collaborating with the licensed DV providers Safe Place and Rape Crisis Center (SPARCC) in Sarasota and HOPE Family Services (HOPE) in Manatee counties and will receive referrals from these agencies for domestic violence victims transitioning out of emergency shelter. Over the course of one year, it is anticipated that approximately 12 households (approximately 34 individuals) will receive housing for approximately 12 months in one bedroom, 2 bedroom and 3-bedroom housing units. Total project costs are \$498,182 including \$398,545 requested from Suncoast Coc and \$99,637 provided as a combination an in-kind and cash match by CCDOV. The Rapid Re-Housing Program will apply a Housing First approach to reduce and eliminate barriers to housing. This approach is informed by a belief that people’s basic needs such as housing and food must be met before attending to less critical things like budgeting, educational advancement, and job hunting. The program will operate around the following components:

Rental and Move-in Assistance: A key component to CCDOV’s housing first approach is tailored rental assistance. CCDOV understands that one of the primary barriers to securing housing is limited finances. Also, financial support needs may vary based on each participant’s circumstances.

In addition to securing safe housing, CCDOV will provide intensive case management to all clients coming through the program. CCDOV will coordinate with SPARCC and HOPE to ensure that clients are smoothly transitioned between the two agencies and that any additional community supports needed are in place. CCDOV has a robust mental health program that offers in-person and remote access to bilingual mental health counselors. These services will be provided free of charge to program clients. For medical needs Case Managers will refer clients and provide soft handoffs to CenterPlace Health. For job training and job placement resources, clients will be referred to Career Source Suncoast. Case workers will provide clients with guidance and follow-up to make sure that clients can access these free resources. CCDOV utilizes a strength-based, voluntary, and trauma-informed care approach with all clients of the RRH program through each step of assisting them in securing housing and working towards self-sufficiency. The Voluntary Services approach is based on the notion that participation in services should be voluntary and not a condition of housing or receiving other services. The guiding principles of that approach require that participation in services is voluntary and not mandated, that clients have the freedom to make their own decisions and that staff work as allies and not as ‘providers’.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 90 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 120 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 180 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|--------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
 Select all that apply.

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Helping homeless individuals find permanent housing that meets their specific needs is an important and compassionate endeavor. Here are some steps CCDOV uses to assist individuals in locating suitable housing: 1. Assess their needs: RRH staff engage clients through open and respectful conversations to understand their specific needs, preferences, and any unique circumstances. Factors that are considered are accessibility, proximity to services, transportation barriers, potential medical care needs, locations that are in areas where job opportunities are located based on distance, lack of transportation and skill set, language barriers, complex family circumstances, and any specific requirements they may share with the case manager as they search for housing. 2. Provide information on available housing programs: Staff are knowledgeable on community resources that include various options for housing programs and subsidies available in the area, such as Section 8 vouchers, low-income housing, or supportive housing programs. Staff provide information and education about these programs and help them understand the eligibility criteria and application processes. 4. Assist with paperwork and applications: Staff partner with the individuals to navigate and offer support in completing forms, gathering necessary documentation, and ensuring that applications are submitted correctly and on time. 5. Partner with local landlords and property owners: Staff partner with local landlords and property owners who are open to renting to homeless individuals. Staff explains the benefits of renting to individuals who have received housing assistance, such as guaranteed rent payments and ongoing support from service providers. 6. Advocate for affordable housing: Leadership staff will continue to be involved in advocacy efforts to promote affordable housing initiatives and policies in the community. Staff leverage relationships with the local CoC and housing providers to ensure local government officials understand the benefits and need to invest in affordable housing options and support programs that help homeless individuals access safe and stable housing. 7. Raise awareness and build partnerships: CCDOV, along with Suncoast Partnership and other providers, raise awareness about homelessness and housing issues in the community. Staff collaborates with local businesses, external/internal faith-based groups, and community groups to build partnerships that can offer additional resources, support, and opportunities for housing. CCDOV recognizes that each person's journey to permanent housing is unique, and it requires a personalized approach. Staff providing RRH services believe that combining empathy, resources, and a collaborative mindset, has a positive impact on helping homeless individuals find housing that meets their identified needs.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Homeless persons face tremendous barriers to treatment services and recovery support due to lack of health insurance, documentation, transportation & supportive services, wait lists, scheduling difficulties, daily contact requirements, ineffective treatment methods, fear or distrust of large institutions & cultural insensitivity. Case management coordinates linkage between organizations, advocates for key services and provides direct support to ensure individuals receive the necessary care to improve their health and quality of life. CCDOV staff assist individuals to locate & secure permanent housing and develop a plan to address individual risk factors contributing to their housing security. The goals and plans developed by the participant and staff are tailored to address the factors that led to homelessness or the risk of becoming homeless. The plan is used to connect participants to needed resources, and community agencies/programs to ensure housing stability is maintained. Staff assist with employment education, transportation, connection to government assistance, life skills groups, and budgeting. By connecting people with a home, they are in a better position to address other challenges that may have led to their homelessness, such as unemployment or substance abuse issues.

1. Connect with local resources: Staff aid clients by researching and connecting participants with local organizations, government agencies, and other nonprofits that specialize in assisting individuals experiencing a housing crisis to provide additional guidance and support throughout the process.

2. Coordinate with social workers: Staff collaborate with social workers who have experience working directly with homeless individuals. When a signed Release of Information is in place, staff connect with and share information about available housing options and work together to ensure a comprehensive support system is in place.

3. Provide ongoing support: Staff are trained that the process of transitioning from homelessness to permanent housing can be challenging. Staff offers ongoing support to individuals as they adjust to their new homes, providing guidance on budgeting, connecting with community resources, and accessing essential services.

4. Foster community connections: Staff work with individuals to assist them with establishing connections within their new community. All individuals in the RRH program are encouraged to participate in local support groups, community activities, and organizations that can provide a sense of belonging and support their overall well-being.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

| Supportive Services | Provider | Frequency |
|------------------------------|-------------|-----------|
| Assessment of Service Needs | Applicant | Daily |
| Assistance with Moving Costs | Applicant | Monthly |
| Case Management | Applicant | Weekly |
| Child Care | Non-Partner | Daily |
| Education Services | Non-Partner | Weekly |

| |
|--|
| Employment Assistance and Job Training |
| Food |
| Housing Search and Counseling Services |
| Legal Services |
| Life Skills Training |
| Mental Health Services |
| Outpatient Health Services |
| Outreach Services |
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-------------|---------|
| Non-Partner | Weekly |
| Applicant | Weekly |
| Applicant | Weekly |
| Partner | Daily |
| Applicant | Monthly |
| Partner | Daily |
| Non-Partner | Weekly |
| Partner | Daily |
| Non-Partner | Daily |
| Applicant | Weekly |
| Applicant | Monthly |

Identify whether the project will include the following activities:



4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 12

Total Beds: 21

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 12 | 21 | |

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 12

b. **Beds:** 21

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1000 Pinebrook Rd

Street 2:

City: Venice

State: Florida

ZIP Code: 34285

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

129115 Sarasota County, 129081 Manatee County

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------|--|-----------------------------------|-------------------------------|-------|
| Number of Households | 7 | 5 | 0 | 12 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | 5 | 3 | | 8 |
| Persons ages 18-24 | 2 | 2 | | 4 |
| Accompanied Children under age 18 | 9 | | 0 | 9 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 16 | 5 | 0 | 21 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | 5 | | | |
| Persons ages 18-24 | | | | | | | 2 | | | |
| Children under age 18 | | | | | | | | | | 9 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 9 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|--------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | 3 | | | |
| Persons ages 18-24 | | | | | | | 2 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

Children who reside with the Head of Household

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|----------------------------------|-----------|
| Total Annual Assistance Request: | \$192,000 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$192,000 |
| Total Units: | 12 |

The number of beds for which funding has been requested in the Rental Assistance budget is 21.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | FL - North Port-Sarasota-Bradenton, F... | 12 | \$192,000 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - North Port-Sarasota-Bradenton, FL MSA (1208199999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$690 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$920 | x | 12 | | = | \$0 |
| 1 Bedroom | 5 | x | \$1,081 | x | 12 | | = | \$64,860 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 5 | x | \$1,385 | x | 12 | = | \$83,100 |
| 3 Bedrooms | 2 | x | \$1,835 | x | 12 | = | \$44,040 |
| 4 Bedrooms | | x | \$2,185 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$2,513 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,841 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,168 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$3,496 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,824 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 12 | | | | | | \$192,000 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$192,000 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs | .15 FTE Case Manager salary and fringe | \$9,450 |
| 2. Assistance with Moving Costs | 12 Households @ 2000 per household | \$24,000 |
| 3. Case Management | .50 FTE of Case Manager salary and fringe | \$31,500 |
| 4. Child Care | Vouchers provided to CC providers on behalf of survivors | \$9,000 |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | 12 Food Kits @ \$500 per household | \$6,000 |
| 8. Housing/Counseling Services | .20 FTE of Case Manager salary and fringe | \$12,600 |
| 9. Legal Services | | |
| 10. Life Skills | .05 FTE of CM salary and fringe | \$3,150 |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | .10 FTE of CM, .20FTE of Director | \$42,300 |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | Transportation for clients @\$125/month x 12 months | \$1,500 |
| 16. Utility Deposits | 12 @ 1,000 each | \$12,000 |
| 17. Operating Costs | Staff office rent- \$5000, IT costs- \$3150, 1 laptop- \$2000, staff cell phone- \$540, staff mileage \$1,000, office/program supplies \$2436 | \$14,126 |
| Total Annual Assistance Requested | | \$165,626 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$165,626 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$500 |
| Estimated budget amount for VAWA Confidentiality Requirements: | \$5,000 |

Applicant: Catholic Charities, Diocese of Venice, Inc.

877686501

Project: CCDOV RRH DV Bonus Project

213941

| | |
|------------------------------|---------|
| CoC VAWA BLI Total: | \$5,500 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$5,500 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$0 |
| Total Amount of In-Kind Commitments: | \$99,637 |
| Total Amount of All Commitments: | \$99,637 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

| Type | Source | Name of Source | Amount of Commitments |
|---------|---------|----------------------|-----------------------|
| In-Kind | Private | Annual Event Fund... | \$99,637 |

Sources of Match Detail

1. **Type of Match commitment:** In-Kind
2. **Source:** Private
3. **Name of Source:** Annual Event Fundraiser
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$99,637

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$192,000 | 1 Year | \$192,000 |
| 4. Supportive Services (Screen 6F) | \$165,626 | 1 Year | \$165,626 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$5,500 | 1 Year | \$5,500 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$363,126 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$35,419 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$398,545 |
| 12. Cash Match (From Screen 6I) | | | \$0 |
| 13. In-Kind Match (From Screen 6I) | | | \$99,637 |
| 14. Total Match (From Screen 6I) | | | \$99,637 |
| 15. Total Project Budget for this grant, including Match | | | \$498,182 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Eduardo Gloria

Date: 09/21/2023

Title: CEO

Applicant Organization: Catholic Charities, Diocese of Venice, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

| |
|---|
| X |
|---|

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/15/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/15/2023 |
| 1E. SF-424 Compliance | 09/15/2023 |
| 1F. SF-424 Declaration | 09/15/2023 |
| 1G. HUD 2880 | 09/15/2023 |
| 1H. HUD 50070 | 09/15/2023 |
| 1I. Cert. Lobbying | 09/15/2023 |
| 1J. SF-LLL | 09/15/2023 |
| IK. SF-424B | 09/15/2023 |
| 1L. SF-424D | 09/15/2023 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/15/2023 |
| 3A. Project Detail | 09/15/2023 |
| 3B. Description | 09/15/2023 |
| 3C. Expansion | 09/15/2023 |
| 4A. Services | 09/15/2023 |
| 4B. Housing Type | 09/15/2023 |
| 5A. Households | 09/15/2023 |
| 5B. Subpopulations | 09/15/2023 |
| 6A. Funding Request | 09/15/2023 |
| 6E. Rental Assistance | 09/15/2023 |
| 6F. Supp Srvcs Budget | 09/15/2023 |
| VAWA Budget | No Input Required |
| 6I. Match | 09/15/2023 |

| | |
|-----------------------------------|-------------------|
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/15/2023 |

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2023 CoC Program grant competition.
- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2023 CoC Program NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Suncoast Partnership to End Homelessness, Inc.
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 20-2783762
- c. **Unique Entity Identifier:** W72MHJ49Y559

d. Address

Street 1: 1750 17th Street, C-1
Street 2:
City: Sarasota
County: Sarasota
State: Florida
Country: United States
Zip / Postal Code: 34234

e. Organizational Unit (optional)

Department Name: NA
Division Name: NA

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Taylor
Middle Name:
Last Name: Neighbors
Suffix:
Title: Chief Administrative Officer
Organizational Affiliation: Suncoast Partnership to End Homelessness, Inc.
Telephone Number: (941) 955-8987
Extension: 113
Fax Number: (941) 209-5595

Email: Taylor@suncoastpartnership.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Suncoast Planning 2023

16. Congressional District(s):

a. Applicant: FL-016, FL-017

b. Project: FL-016, FL-017

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 12/01/2023

b. End Date: 11/30/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Suncoast Partnership to End Homelessness, Inc.
Prefix: Ms.
First Name: Tara
Middle Name:
Last Name: Booker
Suffix:
Title: Interim Chief Executive Officer
Organizational Affiliation: Suncoast Partnership to End Homelessness, Inc.
Telephone Number: (941) 955-8987
Extension: 104
Email: tara@suncoastpartnership.org
City: Sarasota
County: Sarasota
State: Florida
Country: United States
Zip/Postal Code: 34234

2. Employer ID Number (EIN): 20-2783762

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$199,272.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|----------------------------|
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$74,575.00 | HMIS |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$50,006.00 | Coordinated Entry |
| HUD, 451 7th Street, S.W., Washington, DC 20410 | Grant | \$108,832.00 | CoC Planning |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Suncoast Partnership to End Homelessness, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Suncoast Partnership to End Homelessness, Inc.

Name / Title of Authorized Official: Tara Booker, Interim Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Suncoast Partnership to End Homelessness, Inc.

Street 1: 1750 17th Street, C-1

Street 2:

City: Sarasota

County: Sarasota

State: Florida

Country: United States

Zip / Postal Code: 34234

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Telephone Number: (941) 955-8987
(Format: 123-456-7890)

Fax Number: (941) 209-5595
(Format: 123-456-7890)

Email: tara@suncoastpartnership.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Suncoast Partnership to End Homelessness, Inc.

Prefix: Ms.

First Name: Tara

Middle Name:

Last Name: Booker

Suffix:

Title: Interim Chief Executive Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2023

2A. Project Detail

1. **CoC Number and Name:** FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC
2. **Collaborative Applicant Name:** Suncoast Partnership to End Homelessness, Inc.
3. **Project Name:** Suncoast Planning 2023
4. **Component Type:** CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:

For the past five years, our CoC has undergone a significant change in the design, and implementation of our homeless crisis response system, coordinated entry, and governance to ensure our community has the right criteria in place to prevent and end homelessness. We have continued to grow the Leadership Council established in FY17, annualized our request for proposals process to reduce the time crunch typically associated with the release of funding opportunities to allow for well thought through projects and collaboration that meet needs, fill gaps, and strengthen our homeless response system and community performance, and increased capacity at the lead agency to fully support our CoC and carry out the tasks and responsibilities of part 578, Continuum of Care program.

The planning grant has allowed for us to expand coordination and collaboration through coordinated entry and case conferencing where we are facilitating separate bi-weekly meetings specific to individuals, families, Veterans and Unaccompanied Homeless Youth. These have expanded to include agencies previously not connected and absent from these meetings. Suncoast Partnership staff also continues to attend a weekly case conferencing focused on individuals coming into the system through law enforcement outreach teams. It has also allowed for improvements to our project and contract monitoring and evaluation.

In addition to ongoing management of the CoC program, community planning, and coordinated entry, specific objectives for the upcoming year include addressing the following identified needs and gaps: enhancing Manatee County collaboration in connection to the overall CoC; creation of robust web-based on-demand orientation to educate on best practices, criteria and benchmarks for preventing and ending homelessness in a community; continued recruitment of Leadership Council members to fill known missing components (i.e., homeless youth, disability services); continued improvements to our monitoring and evaluation processes of projects and system components as well as targeted system component collaborative meetings with agencies; further planning around cross system data compilation to improve our community's access to a more comprehensive picture of system performance; and, with the assistance of the Florida Housing Coalition, a review of the homeless assistance system as it operates in Manatee County and create a plan to improve the effectiveness of the system.

The Suncoast Partnership, with the assistance of this planning grant and increased funding from local governments and private foundations, continues to build the needed capacity to provide improved community wide planning and project development, grant management, evaluation of projects and approaches, coordination of services, and implementation of a more complete and effective coordinated entry system.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The planning activities supported with this funding are ongoing and will take place immediately upon grant execution and continue throughout the year. The project activities are overseen at the organization level by the Chief Executive Officer, supported by the other members of the agency leadership team (e.g., the Chief Administrative Officer, Chief Information Officer) and other key staff members. The work of the staff is overseen by the organization's Board of Directors and monitored by the CoC's Leadership Council, which serves as the Governing Board. Ultimately the organization is accountable to the Continuum of Care membership.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

With the support of planning dollars, the Suncoast Partnership has been able to make important improvements to the monitoring and evaluation process for CoC and ESG projects to ensure we are looking at and assessing the right criteria and most relevant data to effectively evaluate projects. Our expanded process which has included a dedicated Coordinated Entry Project Manager, a coordinated entry monitoring tool, has allowed us to better identify, and work with, projects that are not fully following guidelines and best practices as established by CoC and ESG rule as well as our Continuum of Care. We have been able to take on the addition of Sarasota County ESG dollars coming through our office which we subcontract to service providers to ensure the highest and best use within our coordinated entry system. In addition, in the coming year, we will also be the subrecipient of the Manatee County ESG funding to be subcontracted out to provider agencies. This has been particularly vital with the influx of ESG-CV dollars into our community, increasing our ESG footprint significantly last year. Our managing the two counties' ESG funding, along with the State ESG funding for the CoC, enables us to coordinate all the funding to ensure that they are in alignment and there is a coordinated investment strategy; these planning funds contribute to our capacity to carry out this coordination and administration. The planning grant has also helped to support a contract position that thoroughly monitors ESG and State dollars coming through our office on a monthly basis as part of the invoice process. They look at data entry for consistency and correctness, view client stability plans and case notes, confirms information provided in invoicing matches information in HMIS, and provides technical assistance to sub-grantees and other service providers. The requested funds will continue to allow us to manage these improvements we have made and allow for Suncoast Partnership to dedicate time to improving coordination throughout our CoC with respect to the overall coordination of homeless dollars and services. As previously noted, this is vital as we continue to monitor, manage, and coordinate ESG funding. And while we have made significant progress in our agency and Continuum's ability to evaluate performance of projects, there is always improvements to be made and more work to do. The planning dollars are necessary for our agency to train on best practices, monitor and evaluate on progress, and report information and findings.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

| | |
|--------------------------------------|-------------------------------------|
| Participates in CoC meetings: | <input checked="" type="checkbox"/> |
| Votes, including electing Coc Board: | <input checked="" type="checkbox"/> |
| Sits on CoC Board: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

| Name of Group | Role of the Group (max 750 characters) | Meeting Frequency | Name of Individuals and/or Organizations Represented |
|------------------------------|---|---------------------|---|
| Leadership Council | Act as the planning and advisory Board for the CoC, includes key influencers in the community, each with decision making ability within their organizations or within their population. 24 different organizations and advocates, across system sectors including youth and lived homeless experience representation. | Bi-Monthly | 30 different individuals/organizations representing government, private philanthropy, mental health, Sarasota Memorial Hospital, law enforcement, Lived Homeless experience, and CEO's from 6 community service providers. |
| Review and Rank Committee | Assist in the development of the annual request for proposal and review, scoring and ranking of submitted proposals. They also review and respond to appeals if necessary. They report all results of their committee work up to the full Leadership Council. | No regular meetings | 6 organizations represented with Deidre Jones, the lead for the City of Sarasota's Homeless Outreach Team, serving as the chair of the committee. Suncoast Partnership executive team serve as lead agency representatives. |
| Strategic Planning | This group develops and updates the strategic plan, gathering input from other workgroups as needed. | No regular meetings | 6 organizations led by Jim Doyle of JM Media (business representative) and Jon Thaxton (Gulf Coast Community Foundation) from the CoC Board. Suncoast Partnership CEO as lead agency representative. |
| Veteran Leadership workgroup | This group reviews Veteran priorities and progress towards criteria and benchmarks and identifies any gaps and strategies to address them. | Monthly | SSVF program directors from JFCS and Turning Points, Lue Richardson, VA Coordinated Entry, Gpd representatives, and Suncoast Partnership Veteran by-name list manager support. |
| HMIS Workgroup | Focuses on data integrity, data collaboration and sharing, performance standards and issues of security and privacy within the CoC. | Quarterly | 20 participants representing 12 HMIS user organizations with Amiee Barth, System Administrator, Suncoast Partnership staff representative. |

4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$50,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$50,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Value of Commitments |
|------|------------|------------------|----------------------|
| Cash | Government | State of Florida | \$50,000 |

Sources of Match Details

1. **Type of commitment:** Cash
2. **Source:** Government
3. **Name of source:** State of Florida
(Be as specific as possible and include the office or grant program as applicable)
4. **Value of Written Commitment:** \$50,000

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

| Eligible Costs: | Quantity AND Description (max 400 characters) | Annual Assistance Requested (Applicant) |
|--|---|---|
| 1. Coordination Activities | To support 40% FTE Project Mgr, Coordinated Entry at \$52,000 plus fringe - \$25,376.00; 30% FTE CEO at \$125,000 plus fringe - \$45,750.00; 20% FTE CAO at \$89,900 plus fringe costs - \$21,935.60; 30% FTE COO at \$109,900 plus fringe - \$40,223.40; 30% FTE System Coordinator, Manatee County at \$55,000 plus fringe - \$20,130 | \$153,415 |
| 2. Project Evaluation | To support 1% of FTE CEO at \$125,000 plus fringe - \$1525.00; 1% FTE CAO at \$89,900 plus fringe costs - \$1341.00. | \$2,866 |
| 3. Project Monitoring Activities | To support 15% of FTE Grants and Contract Mgr. at \$55,000 plus fringe costs - \$10,065; 10% of FTE CAO at \$89,900 plus fringe - \$10,968 | \$21,033 |
| 4. Participation in the Consolidated Plan | | |
| 5. CoC Application Activities | To support 1% of FTE CEO at \$125,000 plus fringe - \$1525.00; 2% FTE COO at \$109,900 plus fringe - \$2682.00; 1.5% FTE CAO at \$89,900 plus fringe costs - \$1645.00; \$7385 in contracted support for grant writing. | \$13,237 |
| 6. Determining Geographical Area to Be Served by the CoC | | |
| 7. Developing a CoC System | | |
| 8. HUD Compliance Activities | To support 10% of FTE Grants and Contract Mgr at \$55,000 plus fringe costs - \$6710.00; 1% FTE CAO at \$89,900 plus fringe - \$2011.00. | \$8,721 |
| Total Costs Requested | | \$199,272 |
| Cash Match | | \$50,000 |
| In-Kind Match | | \$0 |
| Total Match | | \$50,000 |
| Total Budget | | \$249,272 |

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|------------------------|-----------|----------------------|---------------|
| 1. Other Attachment(s) | No | | |
| 2. Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

5B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Tara Booker

Date: 09/06/2023

Title: Interim Chief Executive Officer

Applicant Organization: Suncoast Partnership to End Homelessness, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

6A. Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/06/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/06/2023 |
| 1E. SF-424 Compliance | 09/06/2023 |
| 1F. SF-424 Declaration | 09/06/2023 |
| 1G. HUD 2880 | 09/06/2023 |
| 1H. HUD 50070 | 09/06/2023 |
| 1I. Cert. Lobbying | 09/06/2023 |
| 1J. SF-LLL | 09/06/2023 |

| | |
|--------------------------------------|-------------------|
| IK. SF-424B | 09/06/2023 |
| 2A. Project Detail | 09/06/2023 |
| 2B. Description | 09/06/2023 |
| 3A. Governance and Operations | 09/06/2023 |
| 3B. Committees | 09/06/2023 |
| 4A. Match | 09/06/2023 |
| 4B. Funding Request | 09/06/2023 |
| 5A. Attachment(s) | No Input Required |
| 5B. Certification | 09/06/2023 |